

Case Number:	CM15-0221258		
Date Assigned:	11/16/2015	Date of Injury:	07/13/2013
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a year old male, who sustained an industrial injury on 7-13-2013. The injured worker is undergoing treatment for: lumbago, lumbar sprain, lumbosacral neuritis, spondylolisthesis, and disc degeneration. On 4-7-15, he reported low back pain rated 8-9 out of 10 and left knee pain rated 7 out of 10. He denied numbness. Physical examination revealed negative straight leg raise testing and tenderness over the bilateral sciatic notches. On 9-30-15, he reported low back pain rated 7-8 out of 10 with medications and 9-10 without medications. Objective findings revealed blood pressure of 130 over 80, pulse 90, normal lumbar lordosis, tenderness in the low back, with noted stiffness and spasm more on the right than left, restricted lumbosacral range of motion, positive straight leg raise testing, negative fabere-patrick, extension and gaenslen's testing. The treatment and diagnostic testing to date has included: medications, MRI of the lumbar spine (9-8-15), and multiple psychiatric evaluations. Medications have included: nabumetone, Tylenol with codeine and nortriptyline. Current work status: full duty. The request for authorization is for: lumbar epidural steroid injection at L4-L5 and L5-S1 level. The UR dated 10-30-2015: non-certified the request for lumbar epidural steroid injection at L4-L5 and L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient bilateral lumbar epidural steroid injection (ESI) to L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation North American Spine Society, Diagnosis and Treatment of Lumbar Disc Herniation with Radiculopathy
<https://www.spine.org/Documents/ResearchClinicalCare/Guidelines/LumbarDiscHerniation.pdf>.

Decision rationale: The injured worker sustained a work related injury on 7-13-2013. The medical records provided indicate the diagnosis of lumbago, lumbar sprain, lumbosacral neuritis, spondylolisthesis, and disc degeneration. Treatments have included use of medications. The medical records provided for review do not indicate a medical necessity for Outpatient bilateral lumbar epidural steroid injection (ESI) to L4-L5 and L5-S1. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and, or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The North American Spine Society defines Lumbar disc Herniation with Radiculopathy as a localized displacement of the disc material beyond the normal margins of the inter-vertebral disc space resulting in pain, numbness, weakness in a myotomal or dermatomal distribution. The medical records indicate the presence of clinical findings of radiculopathy evidenced by muscle weakness and positive straight leg raise on the right. The Lumbar MRI revealed multilevel Degenerative changes with severe spondylosis, facet hypertrophy, and severe foraminal stenosis, but no evidence of disc herniation. Although the MRI demonstrated the presence of Lumbar spondylosis, there was no documentation of nerve encroachment or impingement or Lateral canal stenosis. Therefore, the MRI did not clearly confirm the presence of radiculopathy. The request is not medically necessary.