

Case Number:	CM15-0223303		
Date Assigned:	11/19/2015	Date of Injury:	03/26/2015
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/13/2015

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: North Carolina, Georgia Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 3-26-2015. A review of the medical records indicates that the injured worker is undergoing treatment for unresolved degenerative joint disease of the lumbar spine, low back strain, and low back pain. On 10-7-2015, the injured worker reported low back pain with lower extremity burning and tingling. The Neurosurgeon Physician's report dated 10-7-2015, noted the injured worker's current medications included Ibuprofen, Norco, Omeprazole, Colace, Celebrex, and Ecotrin. The physical examination was noted to show the injured worker able to ambulate without assistance with no diminished perception to pinprick or soft touch in the lower extremities, and no swelling or tenderness present. The Physician noted the lumbar x-rays showed spondylosis with some facet arthropathy noted, and the lumbar spine MRI showed lumbar spondylosis, scoliosis, and disc disease from L2 to S1 with advanced spondylosis and some areas of neural foraminal narrowing with minimal central stenosis. The Physician did not recommend any structural spine surgery at the time, as given the injured worker's weight and body mass index the risks were significant. The injured worker was interested in physical therapy, chiropractic treatments, and epidural injections. Prior treatments have included physical therapy. The treatment plan was noted to include physical therapy and epidural injections. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 10-7-2015, requested a lumbar epidural injection. The Utilization Review (UR) dated 10-23-2015, non-certified the request for a lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: 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 rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy and exercise. Repeat epidural blocks should be used only when there is a 50% reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is no documentation of radiculopathy on examination. Lumbar epidural injection is not medically necessary.