

Case Number:	CM15-0035390		
Date Assigned:	03/03/2015	Date of Injury:	07/15/1998
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male who sustained an industrial injury on 07/15/1998. Diagnoses include status post lumbar hardware removal and no instrumented revision of fusion/foraminotomy L5-S1 on 02/07/2013, status post previous laminectomy discectomy L3-L4 to the right, status post revision decompression and fusion L3-5, 12/30/2004, status post removal of hardware-lumbar spine, status post revision decompression and fusion L2-3 on 11/2010, L1-2 5.0 mm disc bulge with facet arthrosis with central and foraminal narrowing, and L5-S1 5.2 mm disc bulge with bilateral foraminal narrowing. Treatment to date has included medications and a home exercise program. A physician progress note dated 02/12/2015 documents the injured worker complains of pain in his back that is worse with prolonged activity. He has complaints of radicular pain in the lower extremities. He has difficulty walking and changing position and getting onto the examining table. Range of motion is restricted and painful. He has muscle spasm present. Treatment requested is for lumbar epidural injection times one at L1-2and L5-S1 bilaterally. On 02/19/2015 Utilization Review non-certified the request for lumbar epidural injection times one at L1-2and L5-S1 bilaterally and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Guidelines Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection times one at L1-2and L5-S1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: According to the 02/18/2015 progress report, this patient presents with back with radicular pain in the lower extremities. The current request is for Lumbar epidural injection times one at L1-2and L5-S1 bilaterally. The treating physician state "given the fact that the patient has active radiculopathy in the extremities and has not improved with conservative treatment;" the patient will be referred for a lumbar epidural injection. The request for authorization is on 02/19/2015. The patient's work status is "Remain off-work until: 6 weeks." The Utilization Review denial letter states "Unfortunately, there is no clinical documentation of any true radiculopathy involving the L1, L2, or L5-S1 levels." Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat injections, MTUS requires "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Review of the provided report do not shows evidence of prior lumbar epidural steroid injections. In this case, the treating physician documented that the patient has low back with radicular pain in the lower extremities but the pain is not described in a specific dermatomal distribution to denote radiculopathy or nerve root pain. The treating physician does not discuss MRI or other studies that would corroborate the patient's symptoms. Without an imaging study or electrodiagnostic study to corroborate radiculopathy the MTUS guideline recommendations cannot be followed. The current request is not medically necessary.