

Case Number:	CM15-0039907		
Date Assigned:	03/10/2015	Date of Injury:	09/17/2012
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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 47 year old male, who sustained an industrial injury on September 17, 2012. He reported abdominal and lower back pain. The injured worker was diagnosed as having a herniated lumbar disc. Treatment to date has included MRI of the lumbar spine, psychotherapy, physical therapy, lumbar epidural steroid injection, and non-steroidal anti-inflammatory medication. On November 18, 2014, the injured worker underwent electrodiagnostic testing. On January 12, 2015, the injured worker complains of low back pain with some radiation to the bilateral lower extremities. The pain is dull/achy, stabbing/sharp, throbbing with tightness and some squeezing sensation. The physical exam revealed pain to palpation at L3 to the sacrum bilaterally, 50% decreased range of motion, no sacroiliac joint or sciatic notch pain, and no increase in back or leg pain with seated straight leg raising at 90 degrees. There was good muscle strength in all myotomes and intact sensation in all dermatomes of the bilateral lower extremities. The knee and ankle jerk reflexes were decreased. The injured worker able to squatted about halfway down and lost his balance when attempting a full squat with his arms out in front of him. The treatment plan includes lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 and L4-L5 epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 98 - 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The L3-L4 and L4-L5 epidural steroid injections are not medically necessary and appropriate.