

Case Number:	CM15-0040621		
Date Assigned:	04/06/2015	Date of Injury:	09/15/2005
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 35-year-old male who sustained an industrial injury on 09/15/2005. Diagnoses include lumbar discogenic disease, lumbar radiculitis, status post, lumbar fusion, and symptomatic hardware lumbar spine. Treatment to date has included medications, chiropractic therapy, physical therapy, acupuncture, yoga, water exercise and lumbar fusion; he has also received psychotherapy. Diagnostics performed to date included x-rays, electrodiagnostic studies, CT scans and MRIs. According to the progress notes dated 1/21/15, the IW reported pain across the low back rated 9/10 and right hip, thigh and leg pain. He complained of numbness and tingling in the right leg. The notes stated his pain is decreased by 50% with pain medications and he is more functional. A request was made for lumbar epidural steroid injections (LESI) bilaterally at L5-S1 due to continued low back/radicular pain despite treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI bilaterally at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: LESI bilaterally at L5-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal objective imaging studies or electrodiagnostic studies for review to corroborate with the request for an epidural at L5-S1 bilaterally. Therefore, this request is not medically necessary.