

Case Number:	CM15-0044991		
Date Assigned:	03/17/2015	Date of Injury:	02/28/2001
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: California, Hawaii

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 an 80 year old male, who sustained an industrial injury on February 28, 2001. The injured worker had reported a back injury. The diagnoses have included lumbosacral degenerative disc disease, pain in joint of the pelvis/thigh, lumbago and skin sensation disturbance. Treatment to date has included medications, epidural steroid injections and topical analgesics. The injured worker was noted to have benefited from the prior epidural steroid injections. Current documentation dated February 23, 2015 notes that the injured worker complained of long-standing back pain with radiation to the lower extremities. Examination of the lumbar spine revealed tenderness, spasms and a positive straight leg raise test. Sensation was noted to be decreased in the right lumbar five-sacral one dermatomes. Lower extremity muscle tone and strength were normal. The treating physician's recommended plan of care included a lumbar epidural steroid injection, with lumbar epidurogram, fluoroscopic guidance and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, with lumbar epidurogram fluoroscopic guidance and IV sedation: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with low back pain which radiates into bilateral leg. The current request is for Lumbar epidural steroid injection, with lumbar epidurogram fluoroscopic guidance and IV sedation. The treating physician states, "He would like to proceed with another epidural steroid injection. His right leg does have some decreased sensation in the L5 and S1 distribution. An epidural steroid injection would be reasonable. (17B) The treating physician goes onto state that the patient has had epidural steroid injections in the past which were effective." (6B) The MTUS guidelines state that radiculopathy must be documented and the patient must have failed to respond to conservative treatment. In this case, the treating physician has documented that the patient has radicular complaints, but has not documented any physical examinations findings of radiculopathy, the patient denied any numbness, and there are not any MRI or EMG findings to corroborate radiculopathy. Furthermore, in the records provided for review, it was not clear how many prior lumbar epidural steroid injections this patient has had and the criteria for repeat injections was not documented. The current request is not medically necessary and the recommendation is for denial.