

Case Number:	CM15-0052487		
Date Assigned:	03/25/2015	Date of Injury:	09/15/1999
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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 is a 62 year old male, who sustained a work/ industrial injury on 9/15/99. He has reported initial symptoms of low back pain. The injured worker was diagnosed as having spinal stenosis of the lumbar region, arthrodesis, lumbosacral spondylosis without, and myelopathy, and displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatments to date included medication, left and right L4 nerve root block, left and right S1 nerve root block, myelogram without dural puncture, and intraoperative fluoroscopy, acupuncture. X-ray's of the lumbar spine were performed on 12/4/14. Currently, the injured worker complains of increasing leg pain and restless leg syndrome. The treating physician's report (PR-2) from 2/6/14 indicated the back and leg pain had decreased due to acupuncture but no longer helping him. He has no feeling in his toes on the right foot. There was weakness in the dorsiflexors of L5 on the right and decreased bilateral L5 sensation. The PR-2 from 2/12/15 reported increased restless leg syndrome and discontinuation of acupuncture. Treatment plan included one left sided lumbar spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left sided lumbar spine, epidural steroid injection, L1-L2 L3-L4: Upheld

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

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

Decision rationale: One left sided lumbar spine, epidural steroid injection, L1-L2 L3-L4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The MTUS states that On 7/29/14 the patient underwent a bilateral L3 nerve block. On 1/16/15 the patient underwent a bilateral L4 nerve block. The documentation is not clear on radiculopathy in the L1-2 and L3-4 distributions on history and physical exam. The documentation does not indicate at least 50% improvement with reduction in medication use for 6-8 weeks after prior injections. The request for a left epidural steroid injection is therefore not medically necessary.