

Case Number:	CM15-0058214		
Date Assigned:	04/03/2015	Date of Injury:	12/16/2010
Decision Date:	05/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old male, who sustained an industrial injury on 12/16/10 after a motor vehicle accident at work. The diagnoses have included cervical degenerative disc disease, thoracic discogenic syndrome, depression and lumbar degenerative disc disease (DDD).

Treatment to date has included medications, physical therapy, aqua therapy, Home Exercise Program (HEP), TENS and psychotherapy. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/8/14 showed multilevel disc bulges but no foramina stenosis or nerve impingement. Currently, as per the physician progress note dated 2/19/15, the injured worker complains of constant mid and low back pain that radiates to the bilateral legs with numbness and tingling. He also complains of neck pain that radiates to the bilateral shoulders. The low back pain is increased with activities. The pain was rated 9/10 on the pain scale. The Injured Worker also complains of feeling depressed. The objective findings revealed reduced lumbar range of motion, severe guarding due to pain, positive trigger points, and lumbar spasm was noted. The injured worker was noted to be deconditioned and uses a cane to ambulate. The physician treatment plan was additional aqua therapy for 6 sessions, Home Exercise Program (HEP) with increased activity, and awaiting lumbar Epidural Steroid Injection (ESI) request from 1/12/15. The physician requested treatment/ treatments include/ included bilateral lumbar epidural steroid injection. The medications listed are cyclobenzaprine, Bupropion, Mirtazapine and LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records did not show radiological or EMG/NCV findings consistent with the diagnosis of active lumbar radiculopathy. There was no indication of nerve root impingement. There are pending requests for aquatic therapy and Home Exercise Program that have not been completed. The criteria for bilateral lumbar epidural steroid injection was not met and the request is not medically necessary.