

Case Number:	CM15-0060597		
Date Assigned:	04/06/2015	Date of Injury:	05/19/2014
Decision Date:	05/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/31/2015

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 25-year-old female, who sustained an industrial injury on 5/19/14. She reported initial complaints of a slip and fall. The injured worker was diagnosed as having lumbar disc degeneration; lumbar strain/sprain; lumbar disc displacement; radicular syndrome of lower limbs. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 2/4/15 indicated the injured worker complained of low back pain with radiation of pain to bilateral legs. A Qualified Medical Evaluator's (QME) examination was completed on 12/16/14 that indicates the injured worker had an independent lumbar MRI completed that found three desiccated and one bulging disc. These notes also indicate physical therapy and medications was used as treatment since the date of injury; but does collaborate with the provider's notes of low back pain with radiating pain. There was limited medical documentation for review. The provider's treatment plan included obtaining EMG/NCV results of the lower extremities and an epidural steroid of lumbar spine at left L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid of lumbar spine at left L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to bilateral legs. The request is for an epidural steroid of lumbar spine at left L4-5. There is no RFA provided and the patient's date of injury is 05/19/14. The patient has a diagnoses of having lumbar disc degeneration; lumbar strain/sprain; lumbar disc displacement; radicular syndrome of lower limbs. Per 02/04/15 report, physical examination to the lumbar spine revealed tenderness to palpation of the bilateral SI joints and L4-S1. There is decreased range of motion, especially on extension, 15 degrees. Lasegue's is positive bilaterally on the low back. There are no image studies provided for review. A Qualified Medical Evaluator's (QME) examination was completed on 12/16/14 that indicates the injured worker had an independent lumbar MRI completed that found three desiccated and one bulging disc. These notes also indicate physical therapy and medications was used as treatment since the date of injury; but does collaborate with the provider's notes of low back pain with radiating pain. There was limited medical documentation for review. The patient's work status is unavailable. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."; and "In the therapeutic phase, 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, with a general recommendation of no more than 4 blocks per region per year." Per 02/04/15 report, treater states, "Request authorization for epidural injection of the lumbar spine L4-5 on the left." In this case, treater states the patient has bilateral leg pains but no MRI's are discussed or provided showing a potential nerve root lesion. A QME referenced an MRI that showed desiccated discs with bulging findings only. MTUS require a clear diagnosis of radiculopathy that include radicular symptoms, positive examination with corroborating imaging findings. Bulging discs would not cause radiculopathy. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.