

Case Number:	CM15-0060735		
Date Assigned:	04/07/2015	Date of Injury:	09/18/2014
Decision Date:	05/11/2015	UR Denial Date:	02/19/2015
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: Florida

Certification(s)/Specialty: Neurology, 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 51 year old male, who sustained a work/ industrial injury on 9/18/14. He has reported initial symptoms of head, neck, and low back pain. The injured worker was diagnosed as having facet arthropathy at L2-3 without disc derangement and L4-5 and L5-S1 disc protrusion with central and foraminal stenosis. Treatments to date included medication, activity modification, and diagnostics. Magnetic Resonance Imaging (MRI) was performed on 12/2/14. Currently, the injured worker complains of low back pain. The treating primary treating physician's report (PR-2) on 2/11/15 noted lumbosacral region had decreased range of motion with pain in all directions, straight leg raise (SLR) was positive. There were positive triggers and heel walk was difficult. Treatment plan included Lumbar epidural steroid facet injection at L2- L3, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid facet injection at L2-L3, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

Decision rationale: The medical records provided for review report physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection. MRI corroboration is reported for L4-S1 but not for L2-3. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines to be performed at two different levels. The request is not medically necessary.