

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0084587 | | |
| Date Assigned: | 05/06/2015 | Date of Injury: | 03/29/2013 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 05/04/2015 |

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 40-year-old male who sustained an industrial injury to his lower back on 03/29/2013. The injured worker was diagnosed with chronic lumbar spine sprain/strain with L4-L5 disc displacement. Treatment to date includes diagnostic testing, trigger point injections, physical therapy (14 total), trial chiropractic therapy, acupuncture therapy (18 total), pain management and medications. According to the primary treating physician's progress report on March 2, 2015, the injured worker continues to experience low back pain with numbness into the anterior thighs bilaterally. The injured worker rates his pain level at 6/10 at rest and 10/10 with activity. Examination of the lumbar spine demonstrated limited range of motion in all planes with positive stretch tests. Patrick's and femoral stretch test was negative. Muscle guarding with spasm was present in lumbar spine. Current medications are listed as Norco and Voltaren Gel. Treatment plan consists of medication and the current request for an epidural steroid injection (ESI) at left L4-5 with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at left L4-5 with fluoroscopic guidance Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar epidural steroid injection at Left L4-5, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy at L4-5. In the absence of such documentation, the currently requested Lumbar epidural steroid injection at Left L4-5 is not medically necessary.