

Case Number:	CM15-0089396		
Date Assigned:	05/13/2015	Date of Injury:	06/25/2004
Decision Date:	06/19/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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 55-year-old male who sustained an industrial injury on 06/25/2004. Current diagnoses include spinal stenosis lumbar with neurogenic claudication, spondylolisthesis, and radiculitis left. Previous treatments included medication management, spinal cord stimulator in 2012, left shoulder arthroscopy, injections, and home exercise program. Previous diagnostic studies include a CT scan of the lumbar on 04/08/2015. Report dated 04/17/2015 noted that the injured worker presented with complaints that included back pain and some weakness, with radiation of pain to the lateral legs to the ankles. Pain level was 7 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for tenderness in the paraspinous and sacroiliac joint, mild muscle spasm, range of motion is restricted due to pain, and positive piriformis maneuvers. The treatment plan included results of the CT scan were discussed, spinal cord stimulator coverage is excellent for pain in the low back, schedule bilateral L5 transforaminal epidural steroid injection, continue home exercise, continue with Percocet and Ambien, urine toxicology next visit, discontinue Tylenol with codeine, continue Cymbalta, and return in 8 weeks. Disputed treatments include transforaminal epidural steroid injection, bilateral L5, with moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, bilateral L5, with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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 do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or document objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. 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. Therefore, the request is not medically necessary.