

Case Number:	CM14-0210781		
Date Assigned:	12/23/2014	Date of Injury:	06/30/2014
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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 & Rehabn, 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 worker is a 40-year-old male with an original date of injury of June 30, 2014. The mechanism of injury occurred in the context of work as a labor inside a warehouse. The worker was pulling a lever to lower a metal ramp when he felt a sharp pain throughout his body, and sustained injuries to the head, neck, shoulders, low back, and knees. The patient was evaluated with x-rays and physical therapy was prescribed. In terms of low back pain, the patient had associated numbness and tingling of the bilateral lower which remedies. A physical examination on August 11, 2014 had documented positive Laseague's testing, which is an indication for possible lumbar radiculopathy. Additionally there was slight decrease sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally. Conservative treatment has also included lumbar bracing, tens unit, and topical/oral pain medications. He disputed issue is a request for a lumbar epidural injection. A utilization review on November 19, 2014 had noncertified this request. According to the utilization review determination, a lumbar MRI was performed on August 31, 2014. There were discriminations noted at multiple levels including L2-3, L3-4, and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 lumbar epidural block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid inject stuffedions (ESIs) Page(s): 46.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, 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, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there are recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. A physical examination on August 11, 2014 had documented positive Laseague's testing, which is an indication for possible lumbar radiculopathy. Additionally there was slight decrease sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally. Conservative treatment has also included lumbar bracing, tens unit, and topical/oral pain medications. However, no formal radiologist report is submitted in the documentation, despite there being documentation of a lumbar MRI in the utilization review determination. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary, as corroborating studies are a requirement of the CPMTG.