

Case Number:	CM14-0215779		
Date Assigned:	01/05/2015	Date of Injury:	12/16/2009
Decision Date:	03/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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, Arizona
 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 52-year-old male who reported an injury on 12/16/2009. The mechanism of injury was due to while at work pushing a stairway, he twisted and felt a snap in his back. The injured worker has diagnoses of chronic pain syndrome secondary to protruding lumbar disc and right shoulder injury, history of hypertension, gastroesophageal reflux disorder, and tinnitus of the ear. Past medical treatments consist of physical therapy, epidural steroid injections, and medication therapy. Medications include Lisinopril, carisoprodol, acetaminophen/hydrocodone, and medication for digestive tract and sleeping problem. On 10/16/2014, the injured worker underwent an MRI of the lumbar spine, which revealed a pseudo disc bulge which cause stenosis of the spinal canal and bilateral lateral recess at L4-5. There was disc material and facet hypertrophy which was causing stenosis of the bilateral neural foramen with contact on the right L4 exiting nerve root. Disc measurements include neutral 3.8 mm, flexion 4.0 mm, and extension 3.8 mm. On 11/21/2014, the injured worker complained of lumbar back pain. Physical examination noted that the injured worker was tender to palpation of the lower back. There were no other pertinent physical examination findings on date. On 11/04/2014, physical examination noted that lumbar range of motion was decreased. Straight leg raise in supine position was positive on the right at 37 degrees. There was tenderness to palpation over the right anterior, posterior, and lateral aspects of the right shoulder, as well as the right biceps tendon groove, right deltoid muscle, and right rotator cuff muscle. It was also noted that there was palpable lumbar spine spasm and trigger points over the bilateral paraspinal muscles. Medical

treatment plan is for the injured worker to undergo lumbar epidural steroid injection at L4-5 and L5-S1. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection L4-5 and L5-S1 is not medically necessary. The California MTUS Guidelines state that epidural steroid injections are recommended when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the patient must be initially unresponsive to conservative treatment, including exercise, physical therapy, NSAIDs, and muscle relaxants. There should no more than 2 nerve root levels injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. Guidelines state that for repeat epidural steroid injections, there should be documented pain relief, functional improvement to include at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The submitted documentation, dated 11/21/2014, did not indicate the efficacy of prior epidural steroid injections, nor did it indicate at least 50% pain relief with a reduction of medication for 6 to 8 weeks. Given that there were no other significant factors provided to justify the use outside current guidelines, the request would not be indicated. As such, the request is not medically necessary.