

Case Number:	CM15-0007555		
Date Assigned:	01/22/2015	Date of Injury:	09/19/2014
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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

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 34-year-old male with a reported injury on 09/19/2014. The injury reportedly occurred when the patient twisted his low back while changing a tire. His diagnoses were noted to include disc displacement without myelopathy and lumbar/lumbosacral disc degeneration. His previous treatments have included activity modification and medications. His diagnostic testing has included a lumbar spine MRI on 12/01/2014 which reported: (1) L4-5 left posterior preforaminal 6 mm disc protrusion compresses the traversing left L5 nerve root; there is mild spinal stenosis; (2) L3-4 minor circumferential disc bulge. The patient was evaluated on 12/03/2014 for complaints of worsening low back pain with right and left leg pain. Physical examination findings reported tenderness, decreased range of motion of the lumbar spine, spasms, sensation decreased along the right L5 dermatome, and positive straight leg raise. The injured worker's medications were noted to include cyclobenzaprine 7.5 mg, pantoprazole 20 mg, diclofenac sodium ER 100 mg, and Ultram 50 mg. An epidural steroid injection at L4-5 was recommended. The patient was to continue modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection @ L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 47.

Decision rationale: The request for epidural steroid injection at L4-5 is not medically necessary. The patient continued to complain of low back pain. The California MTUS Chronic Pain Guidelines recommend epidural steroid injections to reduce pain and inflammation when radiculopathy is documented by physical examination, corroborated by imaging studies and/or electrodiagnostic testing, and has been initially unresponsive to conservative treatments such as exercises, physical methods, nonsteroidal anti-inflammatory drugs, and muscle relaxants. Injections should be performed using fluoroscopy. The provided documentation did not indicate a trial and failure of exercises or physical therapy. Objective findings indicated decreased sensation along the L5 nerve root on the right while the MRI reported compression of the traversing left L5 nerve root. As such, physical exam findings are not corroborated by the MRI. Additionally, the request did not include fluoroscopy for guidance. Therefore, the request for epidural steroid injection at L4-5 is not medically necessary.