

Case Number:	CM15-0010626		
Date Assigned:	01/28/2015	Date of Injury:	03/12/2010
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old male, who sustained an industrial injury on 3/12/10. On 1/20/15, the injured worker submitted an application for IMR for review of L4-L5 lumbar steroid injection under monitored anesthesia care with epidurography. The treating provider notes (12/11/14) has reported the injured worker complained of low back pain, radiating to left lower extremity with numbness and paresthesia and weakness noted. The diagnoses have included low back pain, lumbar disc displacement, and lumbar radiculopathy, cervical disc displacement, cervical radiculitis, and degenerative cervical intervertebral disc. Treatment to date has included MRI Lumbar Spine (5/21/12), EMG/NCS bilateral upper and lower extremities (4/25/12), pain management consultation (7/3/14). On 12/26/14 Utilization Review modified to L4-L5 lumbar steroid injection with epidurography. The MTUS Guidelines were used for epidural steroid injection request and ODG were cited for the denial of the anesthesia portion of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 lumbar steroid injection under monitored anesthesia care with epidurography:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary

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

Decision rationale: L4-L5 lumbar steroid injection under monitored anesthesia care with epidurography is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate any right lower extremity symptoms and the request does not specify a laterality of injection. The request therefore cannot be certified as medically necessary.