

Case Number:	CM15-0014678		
Date Assigned:	02/02/2015	Date of Injury:	07/08/2014
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50-year-old male who reported an injury on 07/08/2014. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar radiculopathy and multilevel disc herniation of the lumbar spine. The injured worker presented on 01/08/2015 with complaints of persistent low back pain radiating into the buttock and lateral aspect of the thigh. The injured worker has been previously treated with physical therapy, medication and bracing. Upon examination, there was muscle tenderness in the erector spinae and down into the quadratus lumborum with muscle spasm. There was 30 degree flexion, 20 degree extension, and 15 degree right and left lateral flexion. Kemp's test/facet imbrication was positive on the left. Deep tendon reflexes were diminished at the left patellar region. There was 4/5 motor weakness in the left lower extremity with hypoesthesia in the L4 and L5 dermatomes on the left. Recommendations included a lumbar epidural steroid injection at L2-3, L3-4, and L4-5. The injured worker was given a prescription for gabapentin and Nalfon 400 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L2-L3, L3-L4, L4-L5 Left Transforaminal approach: 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 Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. While it is noted that the injured worker has symptoms of radiculopathy upon examination, the California MTUS Guidelines do not recommend more than 2 nerve root levels injected during 1 session. There should be no more than 1 interlaminar level injected at 1 session as well. Therefore, the current request for a lumbar epidural steroid injection at L2-3, L3-4, and L4-5 is not medically appropriate.