

Case Number:	CM15-0016469		
Date Assigned:	02/04/2015	Date of Injury:	07/15/2013
Decision Date:	07/09/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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, 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 61 year old male with an industrial injury dated 07/15/2013 with low back injury. His diagnoses included lumbar radiculopathy, lumbar facet dysfunction, lumbosacral stenosis, degenerative disc disease, opioid dependence and chronic pain syndrome. Prior treatments included medial branch blocks, right radio frequency ablation, acupuncture (no benefit) injection (made him worse) TENS unit (which was of no benefit) and medications. He presents on 12/29/2014 with continued low back pain. He also states he is not sleeping well. Straight leg raising, Patrick's and facet loading tests were all noted to be positive. Sensation was decreased to light touch in the bilateral lower extremities diffusely. There was weakness in bilateral lower extremities and tenderness to palpation noted over the lumbar paraspinal muscles and sacroiliac joint region. EMG done on 10/10/2013 showed abnormal polyneuropathy (per provider). Formal report is not in the submitted records. MRI of lumbar spine dated 08/29/2014 showed circumferential disc bulge at lumbar 1-2, 3-4, 4-5, and lumbar 5 - sacral 1. Treatment plan is to continue medications and lumbar epidural steroid injection. The provider notes the injured worker has failed non-surgical treatment including therapy and oral medications. The requested treatment is for lumbar epidural steroid injection with fluoroscopy at lumbar 5-sacral 1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection with fluoroscopy at L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI page(s): 47.

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 two transforaminal levels should be injected in one session. Within the documentation available for review, there are objective examination findings supporting a diagnosis of radiculopathy in positive straight leg raise, although the sensory deficit is diffuse rather than dermatomal. However, there is no clear commentary on what MRI findings corroborate radiculopathy to warrant an ESI at the L5-S1 level. Furthermore, prior 10/2013 electrodiagnostic studies do not corroborate the diagnosis of radiculopathy, but instead suggest polyneuropathy. Given this, the currently requested lumbar epidural steroid injection is not medically necessary.