

Case Number:	CM15-0016491		
Date Assigned:	02/04/2015	Date of Injury:	01/14/2013
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
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, 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 48-year-old male who reported an injury on 01/04/2013 due to an unspecified mechanism of injury. An MRI of the lumbar spine dated 12/31/2014 showed that he was status post L5-S1 discectomy via left laminectomy with no recurrent disc herniation noted; at the L4-5 there was facet hypertrophy and posterior vertebral body ridging, more so on the right that significantly narrowed the right lateral recess and medial right neural foramen. On 01/08/2015, he presented for a followup evaluation regarding his work related injury. He reported low back and left leg pain and stated that he was not doing well. He also reported significant left gluteal region pain with ongoing left leg dysesthesias that limited his activities of daily living and ability to work. A physical examination showed significant guarding of the low back and tenderness of the left lumbosacral region. Straight leg raise was mildly positive at 70 degrees with increased gluteal region pain. Motor and sensory examinations remained intact. He was diagnosed with lumbar region postlaminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy, sprains and strains of the lumbar spine, sprains and strains of the sacrum, aftercare surgery musculoskeletal system, sciatica and lumbar spondylosis without myelopathy. The treatment plan was for an epidural steroid injection at the L5-S1 to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections (ESIs), Therapeutic

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

Decision rationale: The California MTUS Guidelines indicate that epidural steroid injections are recommended who have evidence of radiculopathy on clinical examination, corroborated with imaging studies or electrodiagnostic testing. There should also be documentation of failure of conservative care and evidence that the injection is to be performed under fluoroscopic guidance. The documentation provided does not show that the injured worker has any significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution or that he has evidence of radiculopathy on imaging studies or electrodiagnostic testing to support the requested intervention. Also, failure of conservative care with physical therapy, NSAIDs and muscle relaxants was not noted. Furthermore, the request does not indicate that the injection would be performed using fluoroscopic guidance. Therefore, the request is not supported. As such, the request is not medically necessary.