

Case Number:	CM15-0016563		
Date Assigned:	02/04/2015	Date of Injury:	10/02/2013
Decision Date:	03/20/2015	UR Denial Date:	01/12/2015
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: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on 10/2/13. He has reported low back and neck injuries. The diagnoses have included spinal stenosis of cervical region, cervicalgia, lumbosacral joint ligament sprain, lumbosacral disc degeneration, neck sprain and thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included medications, diagnostics and physical therapy. Currently, the injured worker complains of continued pain in the neck and low back which is unchanged. There is numbness of the lower extremities. The pain is rated 6/10 with the medications and physical therapy benefiting the pain approximately 50 percent with decrease in symptoms. Presently he is taking Norco for pain. Physical exam revealed mild decrease in range of motion in the cervical spine related to pain and muscle tightness. The lumbosacral spine has decreased range of motion and pain with flexion. There is tenderness and muscle tightness noted. There is decreased sensation to light touch and pinprick right anterior thigh. Motor strength is normal. Magnetic Resonance Imaging (MRI) of the cervical spine dated 9/10/14 revealed anterior disc and osteophytes, narrowing of the spinal canal, degenerative changes and facet joints throughout the cervical spine. The physical therapy sessions were noted to be tolerated with minimal complaints of pain or difficulty. Treatment was to continue with medications and request for epidural steroid injection. Work status was modified with restrictions. On 1/12/15 Utilization Review non-certified a request for L5-S1 INTERLAMINAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE, noting the there is no evidence suggesting any other recent conservative management, such as exercise and physical therapy, undergone by the injured worker. The

medical necessity has not been established. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 INTERLAMINAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Due to the uncertain long term benefits from epidural injection,s the MTUS Guidelines have very specific standards to justify their use. These standards include a well defined clinical radiculopathy that corresponds with diagnostic testing and the levels of injection. These standards are not met. Motor strength is normal and the area of reported diminished sensation has no correlation with the level of injection requested. Under these circumstances, the request for a L5-S1 interlaminar epidural steroid injection under fluoroscopic guidance is not supported by Guidelines and is not medically necessary.