

Case Number:	CM15-0019376		
Date Assigned:	02/11/2015	Date of Injury:	09/10/2014
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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

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 36 year old male, who sustained an industrial injury on 9/10/14. He has reported back injury after pulling an empty pallet out. The diagnoses have included thoracic sprain, lumbar sprain, and ligaments/muscle strain/spasm. Treatment to date has included medications, conservative measures, physical therapy, chiropractic and acupuncture. Currently, the injured worker complains of continued sharp, dull, aching pain in the lumbar spine. The pain is unchanged and continues to radiate to the bilateral lower extremities. There was weakness and numbness. The baseline pain rating was 4-5/10. Physical therapy, time, rest, medications, chiropractic and acupuncture care have not helped to alleviate the pain. The repetitive use and activities at home and work worsen the pain. He is requesting medications and reports limitations in squatting, kneeling, bending, driving and walking. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 11/10/14 revealed degenerative change with disc desiccation, disc protrusion, annular fissure, bilateral facet arthropathy causing mild dural compression and stenosis. The physical exam of the thoracic spine revealed tenderness to palpation. The lumbar spine revealed limited range of motion with pain with tenderness to palpation. The straight leg raise was positive bilaterally. The light touch revealed diminished sensation bilaterally L4 and L5 pattern as well as the S1. The plan was that he had failed conservative measures and to proceed with trigger point and ligament injections to the lumbar spine to further his progress. On 1/21/15 Utilization Review non-certified a request for Lumbar Epidural Steroid Injection L4, L5, and the physician noted that there was no corroborative evidence from electrodiagnostic or imaging to

corroborate the diagnosis and physical findings of the lumbar radiculopathy. 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:

Lumbar Epidural Steroid Injection L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate tenderness and diffuse decreased range of motions; however, without any dermatomal and myotomal correlating motor or sensory signs. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Lumbar Epidural Steroid Injection L4, L5 is not medically necessary and appropriate.