

Case Number:	CM15-0112352		
Date Assigned:	06/18/2015	Date of Injury:	01/08/2015
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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 57 year old male who sustained an industrial injury on 01/08/2015. Mechanism of injury occurred when he twisted his back working on a machine. Diagnoses include lumbar disc displacement without myelopathy, lumbosacral spondylosis and lumbago. Treatment to date has included diagnostic studies, medications, trigger point injections, and physical therapy. A Magnetic Resonance Imaging of the lumbar spine done on 05/13/2015 showed L3-4 disc desiccation, small disc bulge. No significant central canal or neural foraminal narrowing. L4-5 disc desiccations, small disc bulge, mild bilateral facet arthrosis and ligamentum flavum thickening. No significant central canal or neural foraminal narrowing. L5-S1 shows minimal disc bulge and moderate facet arthrosis. No central canal or neural foraminal narrowing. A physician progress note dated 05/13/2015 documents the injured worker has lumbar rotation that bothers him, extension bothers him and he is tender over the lower lumbar facet. He also has buttock pain and some distal leg symptoms, with disc protrusions at L3/4 and L5/S1, which is why right L3 and L5 lumbar transforaminal epidural steroid injections are recommended. Treatment requested is for a lumbar transforaminal epidural steroid injection at right L3 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at right L3 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 no recent objective examination findings supporting a diagnosis of radiculopathy. Notes submitted indicate that SLR and Lasegue testing has been negative. There are no dermatomal or myotomal deficits noted on exam to suggest radiculopathy. Given this, the currently requested lumbar epidural steroid injection is not medically necessary.