

Case Number:	CM15-0113424		
Date Assigned:	06/24/2015	Date of Injury:	09/01/2003
Decision Date:	07/22/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

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 62 year old male, who sustained an industrial injury on 9/01/2003. Diagnoses include spinal stenosis and radiculopathy. He also has diabetes mellitus and obesity. Treatment to date has included use of a cane for ambulation. Magnetic resonance imaging (MRI) of the lumbar spine dated 5/14/2015 multilevel degenerative disc disease with disc bulging at L2-3 with minimal narrowing of the central canal. There was moderate foraminal stenosis at L3-5 with minimal narrowing of the central canal. There were significant hypertrophic changes with moderate to severe right and left sided foraminal stenosis at L4-5 with mild narrowing of the central canal. Per the Primary Treating Physician's Progress Report dated 5/22/2015, the injured worker reported mild discomfort and pain in the low back area. Physical examination of the lumbar spine revealed no loss of lordosis or any other abnormal curvatures. Range of motion was decreased in forward flexion to 30 degrees. There was no tenderness or spasm and straight leg raise was negative bilaterally. The plan of care included physical therapy, weight loss and epidural injections. Authorization was requested for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in September 2003 continues to be treated for low back pain. An MRI of the lumbar spine in may 2015 included findings of multilevel spondylosis with moderate to severe foraminal and mild to moderate canal stenosis. There was significant facet arthropathy. When seen, he was having low back discomfort with limited walking tolerance. He was noted to him to leg with a cane. There was decreased lumbar spine range of motion without tenderness with a normal lower extremity neurological examination and negative straight leg raising. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported physical examination findings that would support a diagnosis of lumbar radiculopathy and the requested epidural steroid injection is not considered medically necessary.