

Case Number:	CM15-0119192		
Date Assigned:	06/29/2015	Date of Injury:	02/21/2013
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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 (IW) is a 53 year old male who sustained an industrial injury on 02/21/2013. He reported an injury to his low back. The injured worker was diagnosed as having lumbago, and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included medications and physical therapy. On 04/15/2015, the injured worker complains of low back pain with radiating pain down his left leg. On exam he has positive nerve root tension sign on the left side but no motor sensory deficits noted. On palpation there is tenderness of the supraspinatus ligament and the iliolumbar region on both the right and left. His range of motion on the left side is limited with guarding. Neurologic exam was normal. A MRI of the lumbar spine (02/13/2015) reveals a small disc protrusion at L4-L5 level but does not reflect the pathology at the L4-5 segment. Medications include naproxen and Protonix. He was advised to stop taking Norco. The treatment plan includes an epidural injection on the left side at L4-5 and L5-S1. Physical therapy and medications are also ordered. A request for authorization is made for a Lumbar Transforaminal Epidural Injection Left-Sided at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar TF Epidural Injection Left-Sided at L4-5 L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, 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 specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, neurological deficit, or red-flag conditions to support for pain procedure. 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. Criteria for the epidurals have not been met or established. The Lumbar TF Epidural Injection Left-Sided at L4-5 L5-S1 is not medically necessary and appropriate.