

Case Number:	CM15-0175044		
Date Assigned:	09/16/2015	Date of Injury:	03/26/2010
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 53-year-old female, with a reported date of injury of 03-26-2010. The diagnoses include lumbar spine sprain and strain with herniated nucleus pulposus at L4-5 with radiculitis and radiculopathy. Treatments and evaluation to date have included Norco. The diagnostic studies to date have included an MRI of the lumbar spine on 05-17-2010 which showed L4-5 mild disc protrusion, moderate spinal canal narrowing, facet and ligamentum flavum hypertrophy, and straightening of the lumbar lordosis which may be due to myospasm; electrodiagnostic studies on 08-30-2010 which showed left L5, S1 polyradiculopathy; and urine drug screening on 02-04-2015 with negative findings. The progress report dated 07-13-2015 indicates that the injured worker complained of pain in the lumbar spine region. She stated that her pain was constant and the pain was described as achy and throbbing. The injured worker stated that she had difficulty sleeping and she wakes up at night due to the pain. She rated her pain 10 out of 10. The objective findings include lumbar flexion at 50 degrees; lumbar extension at 20 degrees; bilateral lumbar lateral bending at 20 degrees; tightness and spasm in the bilateral lumbar paraspinal musculature; hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level bilaterally; facet tenderness, and weakness with big toe dorsi flexion and big to plantar flexion, bilaterally. It was noted that the injured worker had previously been declared permanent and stationary. The treating physician requested a lumbar epidural steroid injection at L4-5 with epidurogram. On 08-06-2015, Utilization Review (UR) non-certified the request for a lumbar epidural steroid injection at L4-5 with epidurogram.

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 with epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Review indicates exam findings of diffuse incomplete hypoesthesia in L5 and S1 dermatomes along with ungraded big toe weakness. EMG/NCS showed left L5, S1 polyradiculopathy. MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block 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 radicular findings, correlating neurological deficits with consistent diagnostics to support the nerve injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure for this chronic P&S 2010 injury. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Lumbar epidural steroid injection L4-L5 with epidurogram is not medically necessary and appropriate.