

Case Number:	CM15-0175216		
Date Assigned:	09/16/2015	Date of Injury:	10/18/2012
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 44 year old male injured worker suffered an industrial injury on 10-18-2012. The diagnoses included cervical radiculopathy and sprain-strain, thoracic strain-sprain, lumbar radiculopathy and sprain-strain and loss of sleep. On 6-16-2015, the treating provider reported cervical spine pain rated 9 out of 10 without medication and 8 out of 10 with medication with associated headaches and radiating pain, tingling and numbness to the bilateral upper extremities. The thoracic spine pain was rated 8 out of 10 without medications and 6 to 7 out of 10 with medications with associated radiating pain, tingling and numbness to the bilateral ribs. The lumbar spine pain was rated 9 out of 10 without medications and 8 out of 10 with medications with associated radiating pain, tingling and numbness to the bilateral lower extremities, right greater than left. On exam, the cervical and lumbar spines were tender with muscle spasms and thoracic spine had tenderness. Prior treatments included Naproxen, Prilosec, Cyclobenzaprine and Norco. The diagnostics included MRI of the cervical spine and lumbar spine (2-19-15), cardiorespiratory and sudoscan testing (2-3-15) and urine drug screen (6-16-15, 7-18-15). The Utilization Review on 8-21-2015 determined non-certification for Lumbar epidural steroid injection at L4-L5 right under fluoroscopy and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 right under fluoroscopy and IV sedation:

Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: The patient is a 44 year old male with an injury on 10/18/2012. He has chronic neck pain and chronic lumbar pain. The lumbar pain radiates to his right lower extremity more than the left. He has lumbar foraminal stenosis on MRI. He has been treated with NSAIDS, Opiates and physical therapy. He has pain, tingling and numbness of the lower extremities (right more than left) consistent with lumbar radiculopathy. The requested lumbar epidural steroid injection is medically necessary and is consistent with MTUS, Chronic Pain guidelines because he has lumbar radiculopathy (right foot drop was noted in one office note), has not improved on conservative treatment, the injections are to be done under fluoroscopy and no more than two nerve roots are to be injected, therefore is medically necessary.