

Case Number:	CM15-0176149		
Date Assigned:	09/17/2015	Date of Injury:	05/08/1998
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 71 year old male, who sustained an industrial injury on May 8, 1998, incurring low back injuries. He was diagnosed with lumbar disc disease, lumbar spondylosis and lumbar stenosis. Treatments included pain medications, neuropathy medications, anti-inflammatory drugs, muscle relaxants, physical therapy and home exercise program, chiropractic sessions and activity restrictions. Currently, the injured worker complained of chronic low back pain. He was previously on Norco for pain but his symptoms were increasing. He was then prescribed the pain medication Nucynta along with Norco and his symptoms stabilized. He currently rated his pain 7 out of 10. On August 1, 2015, a lumbar Magnetic Resonance Imaging revealed severe spinal canal stenosis causing compression, disc bulging, severe facet hypertrophy, nerve impingement and degenerative disc disease. He complained of persistent symptoms of pain through the buttocks into the groin. The treatment plan that was requested for authorization on September 8, 2015, included a trial of lumbosacral intra-laminar epidural steroid injection. On August 20, 2015, a request for a trial of a lumbar epidural steroid injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of L5-S1 intralaminar ESI: Overturned

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: In this case, the claimant has radicular symptoms and has failed conservative therapy. Prior imaging indicated nerve root impingement. Pain level remained high and function was limited. The ESI is medically necessary due to the above.