

Case Number:	CM15-0075681		
Date Assigned:	04/27/2015	Date of Injury:	05/04/2008
Decision Date:	05/29/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 76 year old male, who sustained an industrial injury on 05/04/2008. The injured worker is currently diagnosed as having lumbar stenosis status post decompression and stabilization and cervical stenosis status post decompression and fusion. Treatment and diagnostics to date has included lumbar spine x-rays, lumbar spine surgery, cervical spine surgery, lumbar brace, physical therapy, cervical spine MRI, SI joints injections and medications. The 2013 MRI of the lumbar spine showed intact L1-L5 fusion hardware, disc narrowing without significant stenosis or nerve impingement. In a progress note dated 03/27/2015, the injured worker presented with complaints of neck and back pain. The treating physician reported requesting authorization for lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-L2 Lumbar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of severe lumbar radicular pain when standard conservative treatments with medications and PT have failed. The records did not show that the patient have failed conservative treatment with optimum medications management and PT. The radiological findings did not show significant stenosis, foraminal narrowing or other findings consistent with severe nerve root impingement causing the radicular pain. The criteria for L1-L2 lumbar epidural steroid injection was not met. The request is not medically necessary.