

Case Number:	CM15-0075862		
Date Assigned:	04/23/2015	Date of Injury:	12/29/2005
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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, Hawaii

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 34-year-old male, with a reported date of injury of 12/29/2005. The diagnoses include lumbar disc herniation, lumbar disc degeneration, chronic low back pain, radiculopathy, and status post lumbar fusion. Treatments to date have included oral medications, an x-ray of the lumbar spine, lumbar fusion, an MRI of the lumbar spine, spinal cord stimulator trial on 01/04/2013 with poor response, and electrodiagnostic studies of the left leg. The neurosurgical report dated 03/04/2015 indicates that the injured worker complained of lumbar spine pain and radicular right leg pain. He rated the pain 8 out of 10. It was noted that the injured worker was on a lot of medications. It was also noted that a lumbar epidural steroid injection helped greater than 60%. The physical examination showed acute distress, an antalgic gait, limited lumbar range of motion, and grossly intact coordination. No other objective findings were indicated. The treating physician requested a right L4-5 lumbar epidural steroid injection to help reduce pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46.

Decision rationale: The patient presents with pain affecting the lumbar spine and bilateral lower extremities. The current request is for Right L4-L5 lumbar epidural steroid injection. The treating physician states, "The patient wants another ESI to help reduce pain and med consumption." (35B) The treating physician also documents that the patient has radiating symptoms into the bilateral lower extremities. (37B) The MRI report from 8/11/11 showed S/P L5-S1 spinal fusion, otherwise, it was a negative MRI. (19B) The MTUS guidelines state that radiculopathy must be documented and the patient must have failed to respond to conservative treatment. The MTUS guidelines also state that no more than 2 ESI's are recommended and there is documentation that this patient has previously received a lumbar ESI but it was not documented if the patient had at least 50% relief with the ESI. The treating physician has not documented if the patient has been unresponsive to conservative treatment. Additionally, the MRI results do not corroborate radiculopathy. The current request is not medically necessary and the recommendation is for denial.