

Case Number:	CM15-0093613		
Date Assigned:	05/19/2015	Date of Injury:	02/27/2013
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old male, who sustained an industrial injury on 02/27/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and lumbar compression fracture. Treatment and diagnostic studies to date have included magnetic resonance imaging of the lumbar spine, bilateral lumbar four to five selective epidural catheterization, medication regimen, status post carpal tunnel release, physical therapy, chiropractic therapy, home exercise program, and cervical epidural injection. In a progress note dated 03/16/2015 the treating physician reports complaints of pain to the lumbar spine and the neck. The injured worker also noted an increase in radicular symptoms to the right upper extremity with associated symptoms of numbness and tingling. Examination was revealing for antalgic gait to the left with heel to toe walk exacerbating the antalgic gait on the left, diffuse tenderness over the lumbar paraspinal muscles, severe facet tenderness at the lumbar four levels, and sacroiliac tenderness on the right. The injured worker also had a positive Fabere/Patrick, Sacroiliac Thrust, Yeoman, Farfan, and Kemp tests. The treating physician also noted a decreased sensation to the lumbar four and lumbar five dermatomes bilaterally. The pain level is rated a 6 out of 10. The treating physician noted that the injured worker underwent a bilateral lumbar four to five selective epidural catheterization on 02/21/2015 with the injured worker noting approximately 50% improvement of the injured worker's radicular symptoms along with a decreased pain and is able bend over and stoop with less difficulty. The injured worker was also noted to be able to stand and walk longer for a longer

period of time. The treating physician requested a second diagnostic selective lumbar epidural steroid injection at lumbar four to five noting that the injured worker has failed conservative treatments and was noted to have 50% improvement as noted above with prior catheterization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic selective lumbar epidural steroid injection (L4-5) #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections.

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

Decision rationale: Per the MTUS, Chronic Pain Guidelines (page 46), most current guidelines recommend no more than 2 epidural steroid injections. In order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications); the patient's record documents unresponsiveness to conservative modalities; it also does not provide strong objective evidence of functional improvement after the prior steroid injection, but more importantly, March 2013 NCV/EMG does not support a diagnosis of radiculopathy. The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, the request for an additional epidural steroid injection at this time is not medically necessary.