

Case Number:	CM17-0006287		
Date Assigned:	01/12/2017	Date of Injury:	10/18/2016
Decision Date:	02/06/2017	UR Denial Date:	12/29/2016
Priority:	Standard	Application Received:	01/09/2017

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

Certification(s)/Specialty: Emergency 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:

This is a 38 year old male with a date of injury on 10-18-2016. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral lumbar radiculitis and 3mm disc protrusion at L4-5 with lateral recess and foraminal stenosis. According to the progress report dated 12-16-2016, the injured worker complained of back and radicular symptoms in the bilateral lower extremities, greater on the left. The physical exam (12-16-2016) revealed tenderness over the lumbar spinous processes and the lumbar facets. Facet stress test was positive bilaterally. Knee reflexes were 1+ bilaterally. Treatment has included medication. The provider noted that the injured worker had a normal electrodiagnostic study of both lower limbs. The original Utilization Review (UR) (12-29-2016) denied a request for lumbar spine epidural injection at L4-5 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Injection at L4-5 under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: The requested Lumbar Spine Epidural Injection at L4-5 under fluoroscopy, is not medically necessary. Chronic Pain Medical Treatment Guidelines MTUS - 8 C.C.R. 9792.24.2 (July 28, 2016), Epidural Steroid Injections, Page 81, refers to ACOEM, Chapter 12, Low Back Complaints, Initial Care, Page 300 and Summary of Evidence and Recommendations, Page 309 recommend epidural injections with evidence of radicular pain and radiculopathy, documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, after failure of conservative treatment methods including exercises, physical methods, NSAIDs and muscle relaxants. The injured worker is undergoing treatment for bilateral lumbar radiculitis and 3mm disc protrusion at L4-5 with lateral recess and foraminal stenosis. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Lumbar Spine Epidural Injection at L4-5 under fluoroscopy is not medically necessary.