

Case Number:	CM14-0087409		
Date Assigned:	07/23/2014	Date of Injury:	05/13/2009
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 28 year-old male who reported an injury on 05/13/2009. He was doing his regular customary job working in the warehouse and he injured his lower back. His job duties included lifting, pulling, pushing, bending and twisting. The injured worker treatment history included MRI and medication. The injured worker was evaluated on 05/14/2014 and it is documented that the injured worker complained of low back pain and left leg pain. The provider noted the pain radiated down into his left lateral ankle. Activities made pain worse. Pain was rated at 3/10 to 7/10. Physical examination revealed lumbosacral paraspinal muscle spasms with tender areas over the left lower lumbosacral facet joints, as well as the SI joint, back flexion/extension was 20% to 30%. Extension in lateral rotation was painful. There were no sensory abnormalities noted with sensation intact to touch and pinprick in all dermatomes in the bilateral lower extremities. The right lower extremity was 5/5. Strength in the left lower extremity was 5/5 because of the ongoing pain. Straight leg raising test in sitting position, he had tightness in the left low back area, as well as the left leg. The provider noted the injured worker had undergone an MRI on 08/14/2013 that indicated the injured worker had compression of the left S1 nerve root. However, the findings were not submitted for this review. Diagnoses included low back pain, left leg pain, lumbosacral radiculopathy, facet arthropathy and SI joint dysfunction. Request for authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy: Upheld

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

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

Decision rationale: The MTUS guidelines recommend ESI's as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). An ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Additionally, failure to respond to conservative treatment is also a criteria for ESI's. There was lack of documentation of home exercise regimen, pain medication management and prior physical therapy outcome measurements for the injured worker. Given the above, the request for L4-L5 and L5-S1 tranforminal epidural steroid injection under fluoroscopy is not medically necessary.