MAXIMUS Federal Services

Case Number:	CM14-0215820		
Date Assigned:	02/24/2015	Date of Injury:	08/30/2013
Decision Date:	04/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Massachusetts
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 45 year old female, who sustained an industrial injury on 8/30/13. She has reported low back pain after lifting heavy boxes. The diagnoses have included chronic low back pain, lumbar degenerative disc disease (DDD) and lumbar radiculitis. Treatment to date has included medications, physical therapy Home Exercise Program (HEP) and conservative measures. Surgery has included right epicondylectomy 2011.Currently, the injured worker complains of low back, right buttock, right hip, right thigh, right knee and right leg pain. The pain is rated 4/10 on pain scale. The pain radiates to low back right buttock, hip, thigh, knee, leg and calf. She experiences back pain, loss of function of affected area and loss of sensation of the affected area. The pain gets better with rest and worse with activity or movement. She is taking her medications as prescribed but she states that they are not effective and she is worsening. The current medications included Ultram, Zantac, Nexium and Cyclobenzaprine. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 6/23/14 revealed levoscoliosis, posterior disc protrusion, annular tear, facet arthropathy, anterior disc protrusion, traversing nerve root compromise and exiting nerve root compromise. The nerve studies dated 8/26/14 were abnormal supportive of chronic nerve root irritation on the right side and no evidence to support distal peripheral neuropathy in the lower extremities. The physical exam revealed positive Hoffman's sign of the spine. On exam of the paravertebral muscles there was noted spasm, tenderness, tight muscle band and trigger point on the right side. The right straight leg raise was positive. The injured worker has failed multiple conservative modalities including medication and physical therapy and continues to have right lower extremity radiculopathy. Treatment was for

Transforaminal epidural steroid injection at the right L4-5 and L5-S1. On 11/25/14 Utilization Review non-certified a request for Transforaminal epidural steroid injection at the right L4-5 and L5-S1, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Epidural steroid injections (ESIs) page 46 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at the right L4-5 and L5-S1: Overturned

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

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

Decision rationale: According to MTUS guidelines, "Recommended as treatment for radicular pain... Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection". According to the provided medical records the patient is an appropriate candidate for the following reasons: There is objective physical exam evidence including weakness and positive straight leg raise; there is consistent symptomotology of neuropathic pain at the L4-5 dermatome; and there is objective radiographic and EMG/NCS evidence suggesting that the patient has impingement onto the right L4-5 and L5-S1 nerve root that would benefit from trial of epidural steroid injection at that level. Consequently the requested treatment is appropriate.