MAXIMUS Federal Services

Case Number:	CM15-0005433		
Date Assigned:	01/16/2015	Date of Injury:	07/19/2013
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/10/2015

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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 56-year-old male who reported an injury on 07/19/2013. The mechanism of injury was the injured worker was lifting a box and heard a pop in his low back. The documentation of 12/08/2014 revealed the injured worker had an MRI and received treatment with medications. The specific findings were not provided. The injured worker underwent chiropractic care. Prior surgeries were noncontributory. The medications were noted to be pain medications. However the specific medications were not provided. The injured worker complained of constant back pain radiating into his right leg with associated weakness in his calf and foot which prevented him from walking with ease. The injured worker had associated numbness and tingling of the right foot occasionally. The injured worker indicated he had burning in the low back. The physical examination revealed focal tenderness along the L3-4, L4-5, and L5-S1 posterior spinous processes and paraspinous muscles right greater than left. The injured worker had some spasms in the right paravertebral areas. The injured worker ambulated with a mild antalgic gait and weakness in his right foot. On range of motion the injured worker had decreased range of motion. The injured worker had weakness of the EHL gastrocsoleus, peroneal and hamstring on the right. The injured worker had a positive straight leg raise at 80 degrees for calf and foot pain on the right. The Lasegue's and Bragard's test were positive on the right. The faber test was positive on the right. The ankle reflexes were 1+ trace of the Achilles. The physician documented the injured worker underwent an MRI of the lumbar spine on 08/24/2013 which by report revealed a grade 1 spondylolisthesis and a focal herniated nucleus pulposus at L5-6 and a desiccated disc with small focal protrusion at L4-5. The diagnoses

included right L5 radiculopathy, lumbar herniated nucleus pulposus at L5-6, focal disc protrusion at L4-5, and grade 1 spondylolisthesis at L5-6. The treatment plan included a transforaminal epidural steroid injection at L5-6 on the right. Additional treatment plans included a possible decompressive lumbar laminectomy, disc excision and fusion and L4-5 and L5-6 by MRI. However the physician requested to confirm x-rays with 7 views of the lumbar spine including flexion and extension views. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection lumbar L5-6 L4-5: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Guidelines recommend epidural steroid injection when there is documentation of radiculopathy upon objective physical examination that is corroborated by imaging studies. There should be documentation the injured worker's pain has initially been unresponsive to physical treatment, exercise, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. The physician documented the injured worker had an MRI of the lumbar spine. However the official MRI was not provided for review. There was a lack of documentation indicating the injured worker's pain was initially unresponsive to conservative treatment and the specific conservative care and duration was not provided. Given the above, the request for transforaminal epidural steroid injection lumbar L5-6, L4-5 is not medically necessary.