

Case Number:	CM15-0100811		
Date Assigned:	06/03/2015	Date of Injury:	10/13/1997
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on 10/13/1997. Diagnoses include lumbar radiculitis, lumbar spondylosis, unspecified neuralgia, neuritis and radiculitis, and fibromyalgia and myositis. Treatment to date has included diagnostic studies, medications, trigger point injections, and psychotherapy. There is documentation in the physician progress note dated 05/05/2015 the injured worker paid out of pocket for an Magnetic Resonance Imaging of the lumbar spine done which showed L1 through S1 diffuse disc bulges, L3-4: 3mm disc bulge with bilateral foraminal narrowing, L4-5: 4mm disc bulge with severe bilateral foraminal narrowing and L5-S1: 3mm disc bulge that abuts the L5 nerve roots bilaterally. Medications include Ambien, Morphine and Xanax. A physician progress note dated 05/05/2015 documents the injured worker complains of low back and lower extremity pain. He has continued numbness in his bilateral lower extremities. His medications help him remain functional without significant side effects. He is unable to wean his medication as he is having significant pain. He rates his average pain as 6 out of 10, and at its worst it is 10 out of 10. Straight leg raise on the right and left leg is positive. He has pain in the lumbar region bilaterally. He has palpable twitch positive trigger point in the lumbar paraspinous muscles. His gait is more antalgic. Range of motion is restricted. Treatment requested is for bilateral transforaminal lumbar epidural at L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural at L4-5, 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in October 1997 and continues to be treated for radiating low back pain. An MRI of the lumbar spine in March 2015 included findings of multilevel disc bulging with severe foraminal narrowing at L4-5 and moderate foraminal bearing at L5-S1. When seen, he was having right lower extremity pain and bilateral lower extremity numbness. There was positive straight leg raising bilaterally and decreased and painful lumbar spine range of motion. There was lumbar facet tenderness with trigger points. He had an antalgic gait. Patrick's testing was positive on the right side. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive neural tension signs and the claimant has bilateral lower extremity numbness and right lower extremity pain. Imaging confirms the presence of bilateral radiculopathy. Criteria include that no more than two nerve root levels be injected using a transforaminal approach. In this case, the applicable criteria are met and the request can be considered medically necessary.