

Case Number:	CM15-0102287		
Date Assigned:	06/04/2015	Date of Injury:	07/02/2010
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, Florida, California
 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 (IW) is a 33 year old female who sustained an industrial injury on 07/02/2010. She reported an injury from lifting. The injured worker was diagnosed as having lumbar strain, and myofascial pain, and L4-L5 facet arthropathy, L5-S1 facet arthropathy. Treatment to date has included trigger point injections (02/13/2013), L4-L5 facet rhizotomy, (12/12/2012) L5-S1 facet rhizotomy (12/12/2012), work restrictions, physical therapy, a home exercise program, and medications. Currently, the injured worker complains of an acute exacerbation of pain that is rated a 7/10, and described as constant, achy and stabbing with numbness and tingling down bilateral L5 dermatomes. On exam, there is tenderness to palpation over the L4-5, L4-S1 disc spaces with reproduction of her lower back pain. There is also tenderness to palpation over the right to left lumbar paraspinals with taut bands. Range of motion in the spine is limited in all planes due to guarding. Reflexes are 1+ and symmetrical. Sensation to light touch reduced in the bilateral lower L5 dermatome distributions. Straight leg raise and slump test are positive bilaterally. MRI of dated 03/13/2013 document disc desiccation without narrowing at L4-L5 with a 2mm left-sided disc protrusion with an annulus fibrous fissure. The disc abuts but does not compress the left L4 nerve root within the thecal sac. Disc desiccation is also seen at L5-S1 with a 3-4 mm central disc protrusion. The protruding disc flattens the ventral aspect of the thecal sac with no nerve root compression identified. The treatment plan includes Ultracet as needed for pain and a caudal epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

Decision rationale: This claimant was injured now five years ago, from a lifting injury. There has been trigger point injections, physical therapy and medicine. There is an acute worsening of pain. Sensation is reportedly decreased. The MRI showed a disc abuts, but no nerve compression is seen. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The MRI findings to support radiculopathy source are equivocal at best. The request is not medically necessary and appears appropriately non-certified based on the above.