MAXIMUS Federal Services

Case Number:	CM15-0132038		
Date Assigned:	07/20/2015	Date of Injury:	10/01/2010
Decision Date:	08/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/08/2015

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 42 year old female who sustained a work related injury October 1, 2010. An MRI of the lumbar spine, dated February 15, 2015 (report present in medical record) revealed a 5.5 mm right paracentral disc protrusion at L5-S1, primary effect on the traversing right S1 nerve root. According to a physician's notes, dated June 9, 2015, the injured worker presented with an increase of low back pain with symptoms now extending into the right paramidline lumbosacral and right gluteal region. The left lumbar radicular symptoms have improved. There are continued left cervical radicular symptoms with pain, and numbness into the left upper limb extending into the medial digits of the left hand. She is not able to tolerate Gabapentin due to side effects of drowsiness and blurry vision. She has improvement with the use of transdermal anti-inflammatory cream and Tramadol for breakthrough pain. Physical examination revealed; cervical spine- active range of motion of 40 degrees forward flexion, 10 degrees extension, 60 degrees of rotation to either side, and 10 degrees of lateral flexion to either side, Spurling's is positive on the left. Examination of the lumbar spine; active range of motion 45 degrees of forward flexion, 20 degrees of flexion, 20 degrees of extension and lateral flexion to either side. Sensory examination is intact except for decreased sensation in the medial 2 digits of the left hand. Impression is documented as recurrent lumbar axial pain, right lumbar radiculitis; improved left lumbar radiculitis; continued left cervical radiculitis and history of gadolinium allergy. Treatment plan included discontinuing Gabapentin and starting on Lyrica and at issue, a request for authorization for right L5-S1 transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in October 2010 and is being treatments for low back pain with right lower extremity radicular symptoms. An MRI in February 2015 included findings of a right lateralized L5-S1 disc herniation with S1 nerve compression. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. Lower extremity strength and sensation were normal. Reflexes were symmetrical. 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 straight leg raising but with a normal lower extremity neurological examination. Physical examination findings reported do not confirm a diagnosis of radiculopathy. The request cannot be accepted as being medically necessary.