

Case Number:	CM15-0139636		
Date Assigned:	07/29/2015	Date of Injury:	12/06/1995
Decision Date:	08/26/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/17/2015

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 63 year old female, who sustained an industrial injury on 12/6/95. She has reported initial complaints of a low back injury. The diagnoses have included lumbar disc disease, lower lumbar radicular pain, and lumbar disc herniation. Treatment to date has included medications, activity modifications, diagnostics, surgery, injections, physical therapy, home exercise program (HEP), and other modalities. Currently, as per the physician progress note dated 4/15/15, the injured worker complains of ongoing low back pain status post-surgery. It is noted that she has been trying to manage her pain with medications and the pain continues to limit her activities and she is not interested in further surgery. The pain is rated 6/20 on pain scale with medication and 10/10 without medication. She reports ongoing pain in both legs and sleeping difficulties. She states that the medications allow her to stay functional and perform her activities of daily living (ADL). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 12/10/13 that reveals disc osteophyte complex and grade 1 retrolisthesis, post-surgical findings of a laminectomy, bilateral neural foraminal narrowing, grade 1 anterolisthesis and facet hypertrophy. The current medications included MS Contin, Soma, Norco, Ambien and Lyrica. The objective findings reveal that she is mild distress and stands forward flexed at the waist with an anterior pelvic tilt. There is spasm in the low back paraspinals. There is tenderness to palpation in the bilateral L5-S1 lumbar paraspinal procedure. There is pain at end ranges of motion in the lumbar spine. The slump test is positive in both legs. The physician requested treatment included Bilateral Lumbar S1 Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar S1 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 Page(s): 46.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for low back pain with lower extremity radiating symptoms. When seen, she was in moderate distress. There was a forward flexed posture. There was lumbar spine tenderness with decreased and painful range of motion. There was positive Slump testing. Strength and sensation were normal and reflexes were symmetric. An MRI of the lumbar spine in December 2013 included findings of possible arachnoiditis at L5-S1 and foraminal narrowing at L2-3. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no findings of neurological deficit that would support a diagnosis of lumbar radiculopathy. The requested epidural steroid injection is not medically necessary.