

Case Number:	CM15-0139865		
Date Assigned:	07/29/2015	Date of Injury:	01/25/2008
Decision Date:	08/26/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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 (IW) is a 46-year-old male who sustained an industrial injury 01-25-2008. Diagnoses include lumbar discogenic disease and lumbar radiculopathy. Treatment to date has included medications, physical therapy, epidural steroid injections, chiropractic care, home exercise program and activity modification. According to the progress notes dated 6-3-2015, the IW reported pain in the neck, low back and hands rated 5 out of 10 with medications and 9 out of 10 without them. He was able to sit and stand for longer periods when on his medications. On examination, there were spasms in the lumbar spine and pain at the L3-S1 levels. Range of motion was decreased, with pain on flexion, extension and rotation. Lasegue's was positive bilaterally. Sensation was decreased bilaterally at the L3-S1 levels. Motor strength was decreased to 4 over 5 bilaterally. Straight leg raise was positive at 60 degrees bilaterally. Electrodiagnostic testing of the lower extremities on 9-29-2010 showed acute L5 and S1 lumbosacral radiculopathy. MRI of the lumbar spine dated 5-6-2013 multilevel posterior disc protrusion with bilateral neural foraminal stenosis and nerve root compression at L4, L5 and S1. A request was made for lumbar ESI (epidural steroid injection) at L3-S1 bilaterally to treat radicular pain and avoid surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar ESI (Epidural Steroid Injection) at L3-S1: Upheld

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 January 2008 and continues to be treated for neck pain, radiating back pain, and bilateral hand pain. When seen, there was decreased and painful lumbar spine range of motion with muscle spasms. There was facet tenderness and pain with axial compression. Lasegue's test was positive. Lower extremity sensation was decreased. His BMI was over 32. Authorization for a three level bilateral transforaminal lumbar epidural steroid injection was requested. Electrodiagnostic testing has included findings of bilateral L5 and S1 radiculopathy and an MRI of the lumbar spine in May 2013 included findings of multilevel moderate foraminal stenosis. 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 decreased lower extremity sensation with positive neural tension signs and electrodiagnostic testing and imaging corroborate findings of radiculopathy. However, criteria also include that no more than two nerve root levels be injected using a transforaminal approach and in this case a bilateral three level procedure is being requested which cannot be accepted as being medically necessary.