

Case Number:	CM15-0140779		
Date Assigned:	07/30/2015	Date of Injury:	02/09/2015
Decision Date:	08/27/2015	UR Denial Date:	06/20/2015
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 is a 53 year old male who sustained an industrial injury on 2-9-15. He had complaints of low back pain. Treatments include medication and physical therapy. Progress report dated 5/28/15 reports continued complaints of lower back pain. He has low grade, nagging pain, which increases with bending, squatting, kneeling, lifting, pulling, or pushing. He is taking pain medication but still has not been able to return to regular duty. The pain sometimes radiates to the lower extremities with numbness, tingling and weakness. Diagnoses include lumbosacral radiculopathy with underlying degenerative disc disease, facet hypertrophy, and disc protrusion with annular fissure, lumbosacral strain, iliolumbar strain and myofascial strain. Plan of care includes suggest home exercises, pain medication naprosyn, muscle relaxant tizanidine, apply heat for 20 to 30 minutes followed by cream applications, request epidural steroid injection transforaminal bilaterally at L5-S1, continue restrictions as per primary care physician. Work status: currently off work. Return for follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Transforaminal Epidural Steroid Injection with Fluoroscopic Guidance:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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 February 2015, is being treated for low back pain, and sometimes has radiating symptoms into the lower extremities with numbness, tingling, and the sensation of weakness. An MRI of the lumbar spine is referenced as showing a left lateralized L5 and S1 foraminal disc protrusion. When seen, there was a slow antalgic gait favoring the left lower extremity. There was increased paraspinal muscle tone with diffuse tenderness and decreased range of motion. There was a normal lower extremity neurological examination. The claimant's past medical history includes left knee surgery. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings of lumbar radiculopathy. He has lower extremity symptoms without reported lateralization and a history of left knee surgery. His imaging findings cannot be correlated with his symptoms, as they are not adequately described. The requested lumbar epidural steroid injection is not medically necessary.