

Case Number:	CM15-0161156		
Date Assigned:	09/03/2015	Date of Injury:	11/20/2006
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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 50-year-old male who sustained an industrial injury on 11-20-06. The 5-19-15 pain management consultation report indicates that the injured worker's injury was sustained after falling out of a truck that was carrying a heavy object. He tripped over the object on the floor and sustained rib fractures. His treatment history has included physical therapy with no effect and injections at the L5-S1 level, which was noted to be "most helpful". He had a facet injection in the sacroiliac joint, which gave "relief for one week". His diagnoses include lumbar spine spondylosis, myalgia and myositis, and chronic pain, as well as a bulging lumbar disc and muscle spasms. His past medical history indicates "Arthritis". On 6-16-15, he presented to the pain management provider with complaints of low back pain. He reported the pain as "moderate" and indicated that it occurs daily. He also presented for follow-up on chronic pain syndrome. The report indicates that he has insomnia due to pain and rates the pain "5-7 out of 10". The report states that he is "waiting for his MRI to be done". His medications included Tramadol, Naproxen, and Omeprazole. The treatment plan included continuation with medications, encourage daily stretching exercises, and requesting a sacroiliac joint injection pending MRI results. The 7-14-15 pain management report indicates that the injured worker continued to complain of low back pain, rating it "8". The report states "the problem is worsening". It states that the location is the middle back, lower back and gluteal area and that the pain is radiated to the left groin and the left buttock. The pain was described as "ache, sharp, throbbing, and spasms". His medications included Robaxin, as well as the above listed medications. The treatment plan is illegible due to poor quality of the copy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4, L4-5 Transformational ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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 injury in November 2006. When seen, he was having low back pain radiating to the left groin and buttock. Physical examination findings included a BMI of over 32. There was an antalgic gait. There was stiffness and pain with lumbar spine range of motion. Medications were refilled and a two level transforaminal lumbar epidural steroid injection was requested. A prior injection done at L5-S1 is referenced as helping the most. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy and no imaging or electrodiagnostic test results were available to the requesting provider and have not been reviewed. The requested epidural steroid injection was not medically necessary.