

Case Number:	CM15-0164256		
Date Assigned:	09/01/2015	Date of Injury:	05/03/2012
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 36-year-old female who sustained an industrial injury on 5-3-12. The injury was the result of lifting a heavy object. Her initial complaint was a "pulling sensation" in her lower back. The following day, she noted a "sharp" pain in the lower back when bending over. She reported the injury on 5-5-12 and was examined by an occupational health provider. X-rays were obtained and she was treated with pain medication and an ice pack. She underwent an MRI of the lumbosacral spine on 7-5-12. She was referred to an orthopedic provider. Electrodiagnostic studies were completed of her bilateral lower extremities. She was provided with a "rubber ball", a TENS unit, and instructed on back stretches to be done at home. She was referred to a pain management specialist and underwent acupuncture treatments. The progress note, dated 6-30-14, indicates that this caused increasing pain. She also underwent a lumbar epidural injection with no effect. She was referred to another orthopedic specialist, who recommended a third lumbar epidural. A pain management specialist placed her on medications, instructed on a home exercise program, and requested an epidural with median nerve branch block. As of the date of the report, that had not been authorized. She was diagnosed with lumbosacral musculoligamentous sprain. On 7-20-15, she presented to the pain management provider for follow-up. She underwent right L3, 4, and 5-radiofrequency ablation on 7-1-15 with "noted improvement". On examination, she complained of left-sided pain, which radiated down to her hip, knee, and the top of her left foot. She reported, "tingling" on the top of the left foot. She also reported continued numbness in the right thigh and that her sacroiliac joints were "killing her". She was also noted to have increased muscle spasms. The report states that a trial

of Opana was not successful, as she reported feeling "sleepy and loaded". She stopped the medications, but continued to use Lidoderm patches. Her diagnoses included thoracic-lumbosacral neuritis and radiculitis, unspecified myalgia and myositis, muscle spasm, lumbosacral spondylosis without myelopathy, degenerative lumbosacral intervertebral disc, and lumbago. The treatment plan was to continue medications, a home exercise program, continue chiropractic care as needed, refer to a rheumatologist to rule out any other issues causing her ongoing pain symptoms, refer to physical therapy, and schedule a transforaminal epidural steroid injection for left L3 and L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI at L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

Decision rationale: CA MTUS Guidelines recommend ESI as an option for treatment of radicular pain. Criteria state that radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing (EDT). In addition, patients must be unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is an inadequate response to the first block. In this case, a lumbar ESI reportedly had "no effect." There is no documentation of the failure of conservative care, and no documentation of corroborative imaging or EDT. Physical examination shows no clear neurologic deficits indicative of radiculopathy. Therefore, based on the above, medical necessity is not established.