

Case Number:	CM15-0165691		
Date Assigned:	09/03/2015	Date of Injury:	02/04/2000
Decision Date:	10/06/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/24/2015

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 47 year old male, who sustained an industrial injury on February 4, 2000. The injured worker was diagnosed as having lumbago, pain in thoracic spine, sacroiliitis and chronic pain syndrome. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, medication and lab work. A progress note dated July 20, 2015 provides the injured worker complains of back pain radiating down the left leg and worse since last visit. He reports poor results with medication. Physical exam notes thoracic tenderness to palpation and lumbar trigger points, tenderness to palpation, spasm and decreased range of motion (ROM). The plan includes transforaminal epidural steroid injection and epidurography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4, L5, and S1 Transforaminal Epidural Steroid Injections, Lumbar First Level Unilateral, Lumbar Second Level Unilateral x 2, and Lumbar Third Level Unilateral x 2:
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 February 2000 and is being treated for radiating low back pain into the left lower extremity. An MRI of the lumbar spine in April 2015 showed findings of small disc protrusions without neural compromise. When seen, he was having low back pain. Physical examination findings included a BMI of over 34. He appeared to be in mild to moderate discomfort. There was decreased lumbar spine range of motion with equivocal straight leg raising. There were lumbar trigger points with diffuse tenderness and lower lumbar muscle spasms were present. There was pain with axial loading. There was a slightly wide based gait. There was normal lower extremity strength and normal light touch and pinprick sensation. Authorization for a left three level transforaminal epidural steroid injection and epidurogram were requested. 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 supports a diagnosis of radiculopathy. Imaging does not confirm a diagnosis or corroborate left lower extremity radicular symptoms. A three level transforaminal epidural steroid injection is being requested which is in excess of the number of levels recommended. For any of these reasons, the requested epidural steroid injection and epidurogram are not medically necessary.

Epidurography to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection 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 February 2000 and is being treated for radiating low back pain into the left lower extremity. An MRI of the lumbar spine in April 2015 showed findings of small disc protrusions without neural compromise. When seen, he was having low back pain. Physical examination findings included a BMI of over 34. He appeared to be in mild to moderate discomfort. There was decreased lumbar spine range of motion with equivocal straight leg raising. There were lumbar trigger points with diffuse tenderness and lower lumbar muscle spasms were present. There was pain with axial loading. There was a slightly wide based gait. There was normal lower extremity strength and normal light touch and pinprick sensation. Authorization for a left three level transforaminal epidural steroid injection and epidurogram were requested. 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 supports a diagnosis of radiculopathy. Imaging does not confirm a diagnosis or

corroborate left lower extremity radicular symptoms. A three level transforaminal epidural steroid injection is being requested which is in excess of the number of levels recommended. For any of these reasons, the requested epidural steroid injection and epidurogram are not medically necessary.