

Case Number:	CM15-0167050		
Date Assigned:	09/04/2015	Date of Injury:	07/25/2014
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 07-25-2014 secondary to lifting activities resulting in back injury. On provider visit dated 05-12-2015 the injured worker has reported back and bilateral lower extremity complaints. On examination the gait was noted was slow and guarded. Lumbar spine range of motion was noted at 50% in all planes. Sensation was decreased over the dorsomedial and dorsolateral aspects of the left foot. And the medial and lateral aspects of the right calf. Achilles reflexes were noted as absent bilaterally. Tenderness in the lumbar midline from L3 to the sacrum and over the bilateral buttocks to palpation. The diagnoses have included lumbosacral strain, lumbar spondylosis with disc bulging at L4-L5 and L5-S1 resulting in foraminal stenosis. Chronic L5 nerve root irritation bilaterally and bilateral foraminal stenosis L5-S1 with a small left foraminal disc herniation at the level. The injured worker was noted to be totally temporary disabled. Treatment to date has included medication. The provider requested left L4-5, L5-S1 transforaminal epidural injection on another visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 transforaminal epidural injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The current request is for Left L4-5, L5-S1 transforaminal epidural injection. The RFA is dated 08/13/15. Treatment to date has included medication. The patient is totally temporary disabled. MTUS Chronic Pain Treatment Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Per report 05/12/15, the patient presents with low back and bilateral lower extremity pain. On examination the gait was noted was slow and guarded. Lumbar spine range of motion was decreased 50% in all planes. Sensation was decreased over the dorsomedial and dorsolateral aspects of the left foot and the medial and lateral aspects of the right calf. Achilles reflexes were absent bilaterally. Also noted was tenderness in the lumbar midline from L3 to the sacrum and over the bilateral buttocks to palpation. MRI of the lumbar spine from 04/06/15 showed at L4-5 a 4-5mm and at L5-S1 a 5-6mm disc bulge with neural foramina bilaterally. There is no indication of prior ESI's. Given the patient's radiating pain, evidence of radiculopathy provided on exam and MRI findings, an ESI is reasonable and supported by MTUS. This request IS medically necessary.