

Case Number:	CM15-0181497		
Date Assigned:	09/22/2015	Date of Injury:	12/30/2013
Decision Date:	11/03/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii

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 47 year old female, who sustained an industrial injury on December 30, 2013. She reported ankle, knee, back and neck pain. The injured worker was diagnosed as having sprain of back not otherwise specified, sprain of left ankle not otherwise specified, spasm of muscle and contusion of left knee. Treatment to date has included diagnostic studies, medication, exercise and pool therapy. On May 6, 2015, notes stated that the injured worker did three sessions of pool therapy but had no significant improvement of her pain control. On June 17, 2015, the injured worker complained of ongoing low back and shoulder pain. The pain was rated as a 5 on a 1-10 pain scale and was noted to not be improved with "conservative pain management" strategies. Standing, sitting and bending were noted to aggravate the pain. Physical examination of the lumbosacral spine revealed significant tenderness to palpation at the L5 spinous process. Range of motion was noted to be forward flexion 25 degrees, extension to 10 degrees and lateral flexion and lateral rotation limited to 20 degrees and 30 degrees bilaterally. The treatment plan included medications, home exercise program and a referral for bilateral transforaminal epidural steroid injection. On August 17, 2015, utilization review denied a request for bilateral L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Transforaminal epidural steroid 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 treatment records indicate the patient has persistent low back pain and burning down her left lower side. The current request for consideration is for bilateral L5 transforaminal ESI. The attending physician feels the patient would benefit from having an ESI at L5, page (76B). According to the CA MTUS, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is some objective findings consistent with radiculopathy, including positive slump test and sensory disturbances at L4 and L5 bilaterally. The MRI of the lumbar spine does show at L4-L5, diffuse disc bulge with superimposed central protrusion with mild left neural foraminal narrowing and mild compression of the spinal canal with facet hypertrophy. As such, radiculopathy appears to be documented both by physical examination findings and by MRI findings. As such, the records do establish medical necessity for this request.