

Case Number:	CM15-0181910		
Date Assigned:	09/23/2015	Date of Injury:	12/29/2014
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
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: 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:

This is a 21 year old female with a date of injury on 12-29-2014. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain and lumbar radiculopathy. According to the progress report dated 8-31-2015, the injured worker complained of low back pain rated three out of ten. She was noted to take medications very sparingly. Activity level remained the same. The injured worker was status post transforaminal epidural steroid injection on 6-16-2015. She reported that it reduced her pain by nearly 100 percent. She reported that pain returned two weeks ago with numbness going down both calves. Per the treating physician (8-31-2015), work status was modified duty. The physical exam (8-31-2015) revealed tenderness to palpation and spasm of the lumbar paravertebral muscles. Lumbar facet loading was positive on both sides. Straight leg raise was positive on both sides in the sitting position. Treatment has included chiropractic treatment with moderate relief, and medications. Current medications included Celebrex, Gabapentin and Topamax. The physician noted (8-31-2015) that magnetic resonance imaging (MRI) of the lumbar spine showed left paramedian L4-5 disc herniation with displacement of the left L5 nerve root origin. The original Utilization Review (UR) (9-8-2015) denied a request for transforaminal lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection at the bilateral levels of L4-L5: Upheld

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 claimant sustained a work injury in December 2014 and is being treated for low back pain. A lumbar epidural injection was done on 06/16/15. An MRI of the lumbar spine is referenced as showing a left lateralized L4/5 disc radiation with left L5 nerve root displacement. In July 2015 there had been a nearly 100% decrease in pain. She was attending physical therapy. When seen, she had a complaint of a lower backache. Pain was rated at 3/10. Physical examination findings included a body mass index of nearly 30. There was lumbar paravertebral tenderness with muscle spasms. Facet loading and straight leg raising was positive bilaterally. There was spinous process tenderness. There was a normal neurological examination including strength, sensation, and reflexes. Authorization for a repeat epidural injection was 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 support a diagnosis of radiculopathy. There are no reported radicular pain symptoms. A repeat epidural steroid injection is not considered medically necessary.