

Case Number:	CM15-0182558		
Date Assigned:	09/23/2015	Date of Injury:	08/04/2014
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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 29 year old with a date of injury on 08-04-2014. The injured worker is undergoing treatment for lumbar radiculopathy, lumbar pain, lumbar strain, and cervicalgia. In a physician note dated 07-07-2015 the injured worker complains of pain in his lower back rated 4 out of 10 with numbness and tingling in the left lower extremity but no weakness. No change in pain or activity level since his last visit. He also complains of neck pain with palpable tenderness. On 07-20-2015, there is lower back pain and numbness on the left hamstring and pain and numbness on the left heel. He rates his pain as 4-5 out of 10. He has occasional neck pain and stiffness and rates this pain as 3 out of 10. He has a popping sound with rotation of the neck. A physician progress note dated 05-05-2015 to 08-20-2015 documents the injured worker complains of low back pain and left leg pain, and he rates his pain as a 4-5 out of 10. The pain is sharp, aching and shooting and associated symptoms were numbness and tingling of the left leg. He has full lumbar range of motion that was painful. He has tenderness of the left side of the paravertebral muscle. There was positive straight leg raise on the left. He has a normal gait. Treatment to date has included medications, diagnostic studies, heat and cold, and physical therapy in the past. On 07-21-2015, a Magnetic Resonance Imaging of the lumbar spine revealed a small 2mm left subarticular disc protrusion in combination with a mild facet arthropathy causing mild left subarticular recess stenosis. At L4-5 there is 1-2mm posterior disc protrusion without significant central canal, subarticular recess or neuroforaminal stenosis. An Electromyography and Nerve Conduction Velocity done on 05-12-2015 showed a normal Nerve Conduction Velocity and the Electromyography revealed left active L5 denervation. Current medication is Naproxen. The Request for Authorization dated 08-28-2015 is for

left L5-S1 transforaminal epidural steroid injection. On 09-03-2015 the Utilization Review non-certified the request for a left L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal epidural steroid injection: 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 August 2014 and is being treated for low back pain with left lower extremity radicular symptoms and occasional neck pain and stiffness. When seen, he was having low back pain with left hamstring numbness and pain and numbness in the heel. Electrodiagnostic had shown findings of a left L5 radiculopathy. An MRI was pending. Physical examination findings included lumbar muscle spasms. There was left medial heel tenderness. There was decreased and painful lumbar range of motion. Straight leg raising was positive on the left side. There was normal lower extremity strength and sensation and reflexes were absent in the lower extremities bilaterally. A left L5/S1 transforaminal epidural steroid 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 supports a diagnosis of radiculopathy. Without documentation of a neurological deficit affecting the left lower extremity, an epidural steroid injection is not considered medically necessary.