

Case Number:	CM15-0183965		
Date Assigned:	09/24/2015	Date of Injury:	05/21/2014
Decision Date:	10/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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 62 year old male with a date of injury of May 21, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, lumbar radiculopathy, lumbar sprain and strain, myofascial pain syndrome, lumbar spine stenosis, and lumbar spine spondylolisthesis. Medical records dated July 30, 2015 indicate that the injured worker complains of intermittent and frequent lower back pain with radiation to the buttocks bilaterally, and tingling sensation on the lower extremities. A progress note dated August 25, 2015 notes subjective complaints of central lower back pain rated at a level of 6 out of 10, and bilateral lower extremity pain at the L5 or S1 type nerve distribution. Per the treating physician (July 30, 2015), the employee has returned to full duty work. The physical exam dated July 30, 2015 reveals tenderness noted, positive straight leg raise, myofascial trigger points, and decreased range of motion of the lumbar spine. The progress note dated August 25, 2015 documented a physical examination that showed mild tenderness to palpation at the L4-5 level, good strength of the bilateral lower extremities, minimal deep tendon reflexes, and positive straight leg raises and femoral stretch tests bilaterally. Treatment has included acupuncture that has helped, physical therapy that helped, medications, and back bracing. Magnetic resonance imaging of the lumbar spine (date not documented) showed degenerative disc disease at L4-5 and L5 to S1 with a spondylolisthesis and very severe bilateral recess stenosis at L4-5, with moderate lateral recess stenosis at L5-S1. The original utilization review (September 9, 2015) non-certified a request for lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at 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 May 2014 with low back pain while performing overhead work on a ceiling and is being treated for low back pain with lower extremity radiating symptoms. An MRI scan of the lumbar spine in August 2014 including findings of L4/5 spondylolisthesis with significant lumbar spinal stenosis and mild canal stenosis at L2/3 and L3/4. When seen, pain was rated at 6/10. There was positive straight leg raising and femoral stretch tests were positive. There was mild lumbar tenderness. There was good strength and no numbness. There were minimal reflex responses. A lumbar epidural steroid injection is being 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. The requested epidural steroid injection is not considered medically necessary.