

Case Number:	CM15-0185092		
Date Assigned:	09/25/2015	Date of Injury:	04/04/2003
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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 65 year old female who sustained an industrial injury on 04-04-2003. Medical records indicated the worker was treated for low back pain. In the provider notes of 05-04-2015, the injured worker complains of lumbar pain that occasionally radiates down the right leg. The worker had a lumbar epidural steroid injection (LESI) that was performed at L4-L5 on 01-20-2015. The worker reported 80% improvement with that injection for greater than 3 months. She was continued on Tramadol, a home exercise program, and Celebrex. In the provider notes of 04-21-2015 the worker is complaining of low back pain when sitting to standing, bending and twisting. On 06-04-2015, the worker is seen for low back pain radiating to the bilateral lower extremities with numbness and tingling to the right lower extremity. She has positive tenderness overlying the lumbar paravertebral muscles, positive tenderness overlying the posterior superior iliac spine, positive straight leg raising right. Her muscle strength is 5 out of 5 bilateral and symmetrical in the lower extremities. Range of motion of the lumbar spine is flexion 40 degrees and extension 5 degrees with positive facet loading sign, and positive tenderness overlying the lumbar facets. Neurologically, she is intact to light touch and pinprick bilateral lower extremity. DTR's are bilateral and symmetrical. The plan is to schedule a LESI L4-5 under fluro, and order Tramadol 100 mg ER daily with Tramadol 50 mg PRN. A request for authorization was submitted for Lumbar epidural at L4-5. A utilization review decision 09-03-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural at L4-5: 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 patient presents with low back pain radiating to the bilateral lower extremities with numbness and tingling to the right lower extremity. The request is for LUMBAR EPIDURAL AT L4-5. The request for authorization is dated 05/06/15. The patient is status post LESI on 01/2015, and reports more than 80% improvement following the injection. Patient's diagnoses include lumbar radiculitis; lumbar degenerative disc disease; lumbar facet arthropathy; myofascial pain syndrome. Physical examination reveals tenderness overlying the lumbar paravertebral muscles and posterior superior iliac spine. Positive straight leg raising RIGHT. Decreased range of motion. Positive facet loading sign, tenderness overlying the lumbar facets. Patient's medication includes Tramadol. MTUS page 46, 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Per progress report dated 08/24/15, the treater's reason for the request is "schedule LESI L4-5 if pain gets worst." In this case, radicular symptoms are documented with dermatomal distribution of pain along with physical examination findings. However, no imaging studies nor electrodiagnostic testing was provided for review. Given the lack of dermatomal distribution of pain documented by physical examination findings and corroborated by imaging studies, the request does not appear to meet MTUS guidelines indication. Additionally, treater documents 80% improvement following previous injection, however, does not document functional improvement as required by MTUS. Therefore, given the lack of documentation, the request IS NOT medically necessary.