

Case Number:	CM15-0185488		
Date Assigned:	09/25/2015	Date of Injury:	02/12/2000
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
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 57-year-old female who sustained an industrial injury on February 12, 2000. Diagnoses have included lumbosacral neuritis or radiculitis, and brachial neuritis or radiculitis. An MRI of unknown date was stated to have shown "moderate to advanced multilevel degenerative joint disease, right paracentral disc protrusion at T7-8 and T8-9, multiple disc bulges, mild stenosis at L3-5, multilevel neural foraminal narrowing, and encroachment on the right S1 nerve root." Documented treatment includes 12 sessions of acupuncture showing "greater than 50 percent improvement" in cervical and lumbar pain, and she takes Diclofenac, Nortriptyline and Tramadol-acetaminophen. Other prior treatment was not discussed in the provided medical records. On 7-27-2015 the injured worker complained of neck and low back pain, rated at 7 out of 10 with stiffness, weakness, muscle spasms and numbness and tingling. She reported that it can range from 5 with medication to 9 without. The physician noted a right-sided antalgic wide-based gait; rigid posture while seated; "Normal" standing posture; and, she was not able to perform a double stance squat. Range of motion of the lumbar spine was noted as being restricted with flexion at 45 degrees, extension 15 degrees, right bending 5 degrees, and left bending at 15 degrees. She had negative straight leg raise, FABER, and facet loading. Sacroiliac joint tenderness was noted. The treating physician's plan of care includes a transforaminal epidural steroid injection for the right L5-S1 spine which was denied on 8-17-2015. The injured worker retired in 2002.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection for Right L5-S1 Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 current request is for transforaminal epidural steroid injection for right L5-S1 spine. The RFA is dated 08/03/15. Treatment history includes acupuncture, physical therapy, chiropractic treatments, and medications. The patient is retired. MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Per report 07/27/15, the patient presents with chronic lower back pain that radiates to the right leg. Examination revealed decreased ROM, antalgic gait, decreased sensation over the medial calf and thigh, and negative straight leg test. An MRI dated 10/07/14 was stated to have shown L5-S1 6mm right paracentral disc protrusion with adjacent abnormal signal that is indeterminate, with encroachment on the right S1 nerve root. There is no reference to a prior ESI although this case is from year 2000 injury. The patient does present with right leg symptoms and disc herniation toward the symptomatic side at L5-S1. However, there are no exam changes such as any weakness, sensory changes or even SLR to show that there is radiculopathy. Furthermore, the request is for L5-S1 transforaminal injection when the disc herniation involves the right S1 nerve. Given the lack of a clear diagnosis of radiculopathy that require positive examination, the request is not medically necessary.