

Case Number:	CM15-0186557		
Date Assigned:	09/28/2015	Date of Injury:	05/06/2014
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 82 year old male who sustained an industrial injury on 5-6-14. A review of the medical records indicates he is undergoing treatment for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and left sacroiliac joint sprain. Medical records (8-4-15) indicate complaints of low back pain, rating "7 out of 10". He reports that the pain radiates to the left lower extremity with numbness and tingling, at times. He describes the pain as "sharp and burning". The physical exam reveals an antalgic gait to the left with pain. He is "unable to perform heel walking and toe walking, bilaterally". "Diffuse tenderness" is noted over the lumbar paravertebral musculature. There is also noted "moderate" facet tenderness over L5-S1. The following testing was noted to be positive on the left side: Fabere's-Patrick, Sacroiliac thrust test, Yeoman's test, Kemp's test, seated straight leg raise at 60 degrees, supine straight leg raise at 50 degrees, and Farfan test. Kemp's test and Farfan test were also positive on the right side. Diminished range of motion is noted of the lumbar spine. Decreased sensation is noted in the L3, L4, and L5 dermatomes. Diagnostic studies include an MRI of the lumbar spine on 4-24-15. Treatment has included "four sessions" of physical therapy, chiropractic treatments, medications, and "an aggressive home exercise program of more than 6 weeks over the past 12 months". He is not currently receiving medications for the noted conditions. A request for left L3-L4 and left L4-L5 transforaminal epidural steroid injection times two is made due to "radicular symptoms on physical examination and nerve root compression on MRI scan". The utilization review (8-31-15) indicates modification of the requested treatment to one injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection under fluoroscopy 2 times at left L3-L4 and left L4-L5: Overturned

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: According to the guidelines, ESI is recommended for those who have radicular symptoms on exam and confirmed on MRI. The claimant has failed conservative therapy and has radiculopathy confirmed by image and exam. The request for the ESI of L3-L5 with fluoroscopy is medically necessary.