

Case Number:	CM15-0186580		
Date Assigned:	09/28/2015	Date of Injury:	06/04/2012
Decision Date:	11/03/2015	UR Denial Date:	08/13/2015
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: New Jersey, New York
 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 61 year old male, who sustained an industrial injury on 6-4-2012. The medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar disc with radiculitis, myofascial pain, intervertebral disc protrusion, and degeneration of lumbar intervertebral disc. According to the progress report dated 8-4-2015, the injured worker presented with complaints of worsened low back pain with radiation to the left lower extremity, associated with tingling, numbness, and weakness. Per notes, he is doing very poorly and is unable to even sit for 2 minutes to have a conversation. On a subjective pain scale, he rates his pain 5-6 out of 10. The physical examination of the lumbar spine reveals restricted range of motion in all planes, decreased sensation to light touch, pinprick, and temperature in the left L4-5 dermatomes, and positive straight leg raise test bilaterally. The current medications are Norco, Naproxen, Ibuprofen, and Omeprazole. Previous diagnostic studies include MRI of the lumbar spine. MRI from 2015 demonstrates "degenerative disc disease, facet arthropathy L2-3 through L5-S1, and disc protrusion L4-5 with left L5 NF compression". Treatments to date include medication management. Work status is described as temporarily totally disabled. The original utilization review (8-13-2015) partially approved a request for left L4 and L5 transforaminal epidural steroid injection (original request was for left L4, L5, and S1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, Left Lumbar spine L4, L5, S1 (sacroiliac):
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 request as stated is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there isn't documentation of exam findings that show a left-sided radiculopathy at S1, demonstrating deficits in motor strength, sensation, or reflexes. There is also no documentation of nerve dysfunction at S1 level. MRI and exam findings do show dysfunction at L4-L5. According to MTUS guidelines, no more than two nerve root levels should be injected. The request had been modified to L4-L5 which would have been considered reasonable. Therefore, the request as stated to include S1 is considered medically unnecessary.