MAXIMUS Federal Services

Case Number:	CM15-0187501		
Date Assigned:	09/29/2015	Date of Injury:	04/07/2004
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/23/2015

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, North Carolina
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 63 year old female, who sustained an industrial injury on April 07, 2004. The injured worker was diagnosed as having low back pain, intervertebral disc disorders with radiculopathy to the thoracolumbar region, and lumbar radiculopathy. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, use of heat and ice, transforaminal epidural steroid injection, and status post intervertebral fusion at lumbar five to sacral one and midline laminectomy. In a progress note dated September 11, 2015 the treating physician reports complaints of "moderate," increasing, aching, sharp pain to the back that radiates across the spine and into the bilateral lower extremities and buttocks. Examination performed on September 11, 2015 was revealing for "severe" tenderness to the bilateral sciatic notches and positive straight leg raises bilaterally. The progress note from September 11, 2015 noted previous transforaminal epidural steroid injection performed on April 11, 2014 that was noted to provide 100% relief. The treating physician also noted on this date that the use of ice, heat, and the injured worker's medication regimen alleviates her pain. On September 11, 2015, the injured worker's pain level was rated a 7 out 10, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. The medical records provided included magnetic resonance imaging of the lumbar spine performed on October 30, 2014 that was revealing for bilateral degenerative facet disease at lumbar four to five with anterolisthesis of lumbar four and lumbar five; Modic Type I changes within the endplates of lumbar two to three; disc space height loss at lumbar two to three and lumbar three to four; and lumbar

levoscoliosis. On September 11, 2015, the treating physician requested one transforaminal epidural steroid injection at bilateral lumbar four to five noting prior treatment with transforaminal epidural steroid injection as indicated above. On September 17, 2015, the Utilization Review determined the request for one transforaminal injection at bilateral lumbar four to five to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One transforaminal injection at bilateral 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: CA MTUS Guidelines indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies to establish eligibility for treatment with ESI. Radiculopathy is usually caused by pressure on a nerve root. Physical exam findings usually include dermatomal sensory disturbance, motor weakness and decreased deep tendon reflexes. In this case, radiculopathy does not appear to be present. Physical exam shows normal sensory and motor findings with normal reflexes. Imaging show only degenerative facet disease without evidence of nerve compression. Therefore, the request for ESI is not medically necessary or appropriate.