

Case Number:	CM15-0191716		
Date Assigned:	10/05/2015	Date of Injury:	06/26/2007
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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 50 year old female, who sustained an industrial injury on 06-26-2007. She has reported subsequent low back and lower extremity pain and was diagnosed with chronic pain syndrome, degenerative disc disease of the lumbar spine with radiculopathy, disc protrusion with moderate stenosis and foraminal narrowing at L5-S1, facet syndrome of the lumbar spine, multilevel facet arthropathy and multilevel lumbar neural foraminal narrowing. Electromyography in 01-2013 was noted to confirm the presence of radiculopathy of the right lower extremity. MRI of the lumbar spine on 10-08-2014 was noted to show disc protrusion at L4-L5 and L5-S1 resulting in bilateral foraminal stenosis and mild central stenosis. Treatment to date has included oral and topical pain medication, 19 sessions of acupuncture therapy, 8 sessions of chiropractic therapy and 15 sessions of physical therapy, which were noted to have failed to significantly relieve the pain. In progress notes dated 01-21-2015, 04-21-2015 and 07-14-2015, the injured worker reported continued increased pain in the back and bilateral lower extremities with symptoms worse down the right lower extremity compared to the left. Pain was rated as an 8 out of 10. Objective examination findings on 01-21-2015, 04-21-2015 and 07-14-2015 revealed moderately slow and antalgic gait, inability to heel and toe walk due to weakness, right greater than left, tenderness to palpation of the cervical, thoracic and lumbar spine with decreased range of motion in all plane due to pain, spasm, decreased sensation throughout the right upper extremity and decreased sensation in the right L4, L5 and S1 dermatomes and positive slump and Lasegue's test bilaterally. The 01-21-2015 progress note revealed positive straight leg raise on the right at 60 degrees that reproduced symptoms to the foot reproducing

symptoms to the foot and the 04-21-2015 and 07-14-2015 progress notes show that straight leg was positive at 30 degrees with reproduction of symptoms to the foot. The physician noted that given the imaging and examination findings of weakness and decreased sensation greatest at the right correlating with the right L4, L5 and S1 nerve roots, the physician was recommending a transforaminal epidural steroid injection targeting these areas. Work status was documented as permanent and stationary and the injured worker was noted to be off work since August of 2014. A request for authorization of transforaminal epidural steroid injection L4-L5, L5-S1 was submitted. As per the 09-02-2015 utilization review, the request for transforaminal epidural steroid injection L4-L5, L5-S1 was modified to certification of right transforaminal epidural steroid injection L4-L5 and L5-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 at L4-L5, L5-S1: 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: This is a patient with degenerative lumbar disease who has attempted physical therapy, chiropractic and acupuncture all without success for her chronic low back pain and radicular symptoms. Imaging and physical examination have corroborated pathology at the right L4-L5 and L5-S1 levels. A request for a transforaminal ESI was submitted for these levels. The patient appears to be a candidate for ESI, however the request fails to specify laterality (right vs. left). Therefore the request is not medically necessary or appropriate without this information.