

Case Number:	CM15-0192135		
Date Assigned:	10/06/2015	Date of Injury:	08/15/2014
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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 59 year old male who sustained an industrial injury on 8-15-14. A review of the medical records indicates he is undergoing treatment for chronic nonmalignant pain of the low back without control and chronic uncontrolled lumbosacral radiculopathy. He is also status post umbilical hernia repair and status post inguinal hernia repair with residuals. Medical records (4-7-15 to 9-8-15) indicate he has ongoing complaints of pain in his mid and upper back, as well as his lower back. He reports that his lower back pain radiates to his lower extremities. He rates his pain "10 out of 10" without medication use and indicates that with medications, "it would be 8 to 9 out of 10". He describes the pain as "constant and burning". He reports that it awakens him at night. The 9-8-15 records indicates that the "pain is unbearable". His pain has noted to increase from "8-9 out of 10" from 4-7-15 to 9-8-15. The 9-8-15 progress report indicates that his pain is associated with numbness, tingling, and weakness. The pain worsens with prolonged standing, walking, sitting, as well as lifting, twisting, pushing, pulling, squatting, and stooping. He is unable to sit or stand for more than 20-30 minutes. The records indicate he is having "significant difficulty" with performing his activities of daily living. He has difficulty with grooming, bathing, dressing, household chores, and driving. The physical exam (8-10-15) reveals a normal gait. Tenderness is noted to palpation over the lumbar paravertebral area with "moderate" spasm. Tenderness is also noted over paraspinous muscles over the lower lumbar spine. No tenderness is noted over the bilateral sacroiliac joints. Decreased range of motion is noted with flexion, extension, lateral flexion bilaterally, and bilateral rotation of the lumbar spine. The straight leg raise is negative bilaterally. Motor and sensory testing is noted to

be within normal limits bilaterally. Diagnostic studies have included x-rays of the lumbar spine, MRIs of the thoracic and lumbar spine, and an EMG-NCV study of bilateral lower extremities. Treatment has included physical therapy, a TENS unit, pain medication, and shockwave therapy. The treatment recommendation is for a lumbar epidural injection at L5-S1 level. The utilization review (9-22-15) indicates denial of the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: There are no MRI or electrodiagnostic reports provided for review. Clinical exam showed diffuse L4-S1 Dysesthesia; however, with intact 5/5 motor strength and DTRs. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate limited range and pain with spasms; however, without any specific correlating myotomal/ dermatomal motor or sensory deficits. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. It has been noted the patient is making overall improvement with physical therapy. Epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Epidural steroid injection at L5-S1 is not medically necessary and appropriate.