

Case Number:	CM15-0198529		
Date Assigned:	10/13/2015	Date of Injury:	12/22/2014
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old male, who sustained an industrial injury on December 22, 2014. He reported mid to low back pain radiating to his feet with numbness and tingling. The injured worker was diagnosed as having lumbosacral spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis. Treatment to date has included diagnostic studies, nerve blocks, medication, physical therapy, injection and home exercises. In notes dated May 22, 2015, the injured worker was status post lumbar epidural steroid injection and reported about 60% improvement with the injection. On July 20, 2015, he underwent bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections with 70% relief. He also reported decreased tightness to the low back and numbness to the feet for a month. On August 26, 2015, the injured worker complained of constant lumbar spine pain that radiates to the right and left of the midline. There is intermittent radiation of pain into both buttocks and posterior thighs. The pain is rated as a 4-5 on a 0-10 pain scale. Physical activities aggravated his pain up to a 7 on the pain scale. He also rated his activity level on a scale where 0 is being entirely able to do his activities and 10 is not being able to do any activities at all. He stated his lumbosacral spine condition as a 4 on the scale. Physical examination revealed tenderness to palpation in the low back area in the midline. There was tenderness over the right and left paraspinal musculature and tenderness over the greater sciatic notches and posterior thighs bilaterally. Lumbosacral spine range of motion was limited with pain. In supine position, straight leg raising was positive at 70 degrees on the right and positive at 75 degrees on the left. In sitting position, straight leg raising was positive at 80 degrees bilaterally. The treatment plan included maintenance with the treating physician for prescription modalities of care, physical therapy, epidural steroid injections and possible surgery if his condition deteriorates further. On September 22, 2015, utilization review denied a request for one third bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) third bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection: 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: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 47 of 127. This claimant was injured just about 1 year ago. There is mention of two prior epidurals, with about 60% subjective relief, but the duration of relief being over 6 weeks is not captured. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection. The documentation of the outcomes from the previous ESI does not meet this criterion. The request is not medically necessary based on the above.