MAXIMUS Federal Services

Case Number:	CM15-0199429		
Date Assigned:	10/14/2015	Date of Injury:	09/30/2014
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
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: California
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:

This is a 57 year old female with a date of injury of September 30, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral radiculitis and chronic pain syndrome. Medical records dated July 2, 2015 indicate that the injured worker complained of worsening lower back pain radiating down to the left leg and foot rated at a level of 4 to 8 out of 10. Records also indicate that the injured worker has difficulties with activities of daily living including changing position from sitting to standing, limitations with standing, sitting, walking, stairs, housework, yard work, sleeping and recreational activities, and using a shopping cart similar to a walker. A progress note dated September 4, 2015 documented complaints similar to those reported on July 2, 2015. Per the treating physician (July 2, 2015), the employee was not working but was on modified work. The physical exam dated July 2, 2015 reveals tenderness to palpation of the lower lumbosacral spine, slight tenderness to the left paraspinous musculature, and positive left seated straight leg raise. The progress note dated September 4, 2015 documented a physical examination that showed facet tenderness of the bilateral lumbar spine, worsening pain with axial loading of the lumbar spine, decreased range of motion of the lumbar spine due to pain, and positive straight leg raise test bilaterally. Treatment has included at least twelve sessions of physical therapy, massage therapy, chiropractic treatments, and magnetic resonance imaging of the lumbar spine (November of 2014) that showed multilevel disc desiccation, spondylitic degenerative changes, broad-based disc bulging, moderate facet arthropathy with thickening of the ligamentum flavum and moderate canal and lateral recess stenosis. The original utilization review (September 9, 2015) non-certified a

request for left L4-L5, L5-S1 and right L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5, L5-S1 and right L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance: Overturned

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: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The medical records indicate that the injured worker has failed conservative care. Examination findings and imaging studies support the request for interventional pain management procedure at this time. The request for Left L4-L5, L5-S1 and right L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance is medically necessary and appropriate.