

Case Number:	CM15-0201070		
Date Assigned:	10/16/2015	Date of Injury:	08/28/2013
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: Emergency 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 55 year old male, who sustained an industrial injury on 8-23-2013. The injured worker was being treated for sprain lumbar region. Medical records (7-16-2015, 8-10-2015, 9-21-2015) indicate ongoing low back and left buttock pain. The treating physician noted the injured worker did not have any relief provided by a facet block injection. The physical exam (7-16-2015, 8-10-2015, 9-21-2015) reveals tenderness to palpation in the left L4-5 (lumbar 4-5) and left L4-S1 (lumbar 4-sacral 1) region facet joint, decreased lumbar range of motion, and left lower lumbar pain in the facet joint region on extension. There is normal sensation to light touch in the bilateral lower extremities. Per the treating physician (9-21-2015 report), an MRI of the lumbar spine dated 6-17-2015 revealed a grade 1 retrolisthesis of L5 on S1 and moderate right-sided neuroforaminal narrowing with facet joint arthropathy at the bilateral lumbar 5-sacral 1. At lumbar 4-5, there is left neuroforaminal narrowing and facet joint arthropathy. On 8-27-2015, the injured worker underwent left L4-5 and left L4-S1 facet joint injections. Treatment has included physical therapy, a facet joint injection, work modifications, and pain medication. Per the treating physician (9-21-2015 report) the injured worker is on modified work duty with no lifting greater than 20 pounds. The treatment plan included a lumbar transforaminal epidural steroid injection at L5-S1. On 10-2-2015, the original utilization review non-certified a request for a lumbar transforaminal epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal 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: The requested Lumbar transforaminal epidural steroid injection at L5-S1 is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has low back and left buttock pain. The treating physician noted the injured worker did not have any relief provided by a facet block injection. The physical exam (7-16-2015, 8-10-2015, 9-21-2015) reveals tenderness to palpation in the left L4-5 (lumbar 4-5) and left L4-S1 (lumbar 4-sacral 1) region facet joint, decreased lumbar range of motion, and left lower lumbar pain in the facet joint region on extension. There is normal sensation to light touch in the bilateral lower extremities. Per the treating physician (9-21-2015 report), an MRI of the lumbar spine dated 6-17-2015 revealed a grade 1 retrolisthesis of L5 on S1 and moderate right-sided neuroforaminal narrowing with facet joint arthropathy at the bilateral lumbar 5-sacral 1. At lumbar 4-5, there is left neuroforaminal narrowing and facet joint arthropathy. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Lumbar transforaminal epidural steroid injection at L5-S1 is not medically necessary.