

Case Number:	CM15-0204142		
Date Assigned:	10/20/2015	Date of Injury:	09/24/2012
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/16/2015

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 51 year old male who sustained an industrial injury on 09-24-2012. Medical records indicated the worker was treated for cervical myofascial strain, cervical facet arthropathy, lumbar radiculopathy, lumbar facet arthropathy, right shoulder impingement syndrome, lumbago, cervicgia, thoracic myofascial strain, lumbar myofascial strain. Treatment has included physical therapy(3-4 sessions with mild decreased pain), medial branch blocks of the bilateral L4-L5 and L5-S1 level (02-27-2015 with 10% relief for one week), chiropractic therapy (18 visits-not helpful) an epidural injection of the lumbar spine (03-14-2015-not helpful) acupuncture (3 visits-increased pain) , and epidural steroid injection at C6-C7 (06-20-2015-helped fifteen days) and medications. In the provider notes of 09-18-2015, the worker presented with complaints of whole body pain, constant aching neck pain, headaches from the base of the skull to the top of his head, and constant aching and numbness that radiated down the bilateral lower extremities. The worker notes having difficulty walking for prolonged periods of time "stating his knees occasionally give out causing him to fall". He currently rates the pain at a 9-10 on the scale of 0-10. On exam, his reflexes are normal and symmetric with bilateral decreased Achilles. Straight leg raise was negative right and left. Cross leg raise was positive with pain at 50 degrees with pain radiating down posterior thigh to midcalf. Dermatomes C2-S1 were intact to light touch and pinprick. He had 5 out of 5 strength with passive range of motion in all major joints and Myotomes C5-S2 right and left in upper and lower extremities. Hyper tonicity was present in the bilateral trapezii, paraspinals and bilateral C3-C5, L1-L5. He was tender to palpation in the bilateral trapezii, paraspinals, bilateral C3-C6, L1-L5. Facet loading was

negative Fabers was negative right and left. The plan of care included medications, a MRI of the cervical spine, home exercise program for the cervical and lumbar spine reviewed with worker, and a transforaminal epidural steroid injection bilateral L5-S1. A request for authorization was submitted for Transforaminal epidural steroid injection (ESI) bilateral L5-S1. A utilization review decision 10-05-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (ESI) bilateral 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 Transforaminal epidural steroid injection (ESI) bilateral L5-S1 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommends an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials." The injured worker has constant aching and numbness that radiated down the bilateral lower extremities. The worker notes having difficulty walking for prolonged periods of time "stating his knees occasionally give out causing him to fall". He currently rates the pain at a 9-10 on the scale of 0-10. On exam, his reflexes are normal and symmetric with bilateral decreased Achilles. Straight leg raise was negative right and left. Cross leg raise was positive with pain at 50 degrees with pain radiating down posterior thigh to midcalf. Dermatomes C2-S1 were intact to light touch and pinprick. He had 5 out of 5 strength with passive range of motion in all major joints and Myotomes C5-S2 right and left in upper and lower extremities. Hyper tonicity was present in the bilateral trapezii, paraspinals and bilateral C3-C5, L1-L5. He was tender to palpation in the bilateral trapezii, paraspinals, bilateral C3-C6, L1-L5. Facet loading was negative Fabers was negative right and left. 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, Transforaminal epidural steroid injection (ESI) bilateral L5-S1 is not medically necessary.