

Case Number:	CM15-0211128		
Date Assigned:	10/30/2015	Date of Injury:	10/23/2007
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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, Illinois

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 32 year old male, who sustained an industrial injury on 10-23-2007. Diagnoses include muscle spasm of back, spondylosis without myelopathy, low back pain, lumbago with sciatica, lumbar disc degeneration, and chronic pain. Treatments to date include activity modification, medication, physical therapy, home exercise, H-wave unit. On 9-22-15, he complained of increasing low back pain with weakness and fatigue in lower extremities. The physical examination documented some improvement with Celebrex and with H-wave therapy. The physical examination documented lumbar tenderness over L4-S1 area. The provider documented new onset thoracic symptoms and requested a thoracic MRI. The plan of care included initiation of acupuncture treatments, chiropractic therapy, and ongoing medication management. On 10-6-15, he complained of ongoing low back pain with radiation down bilateral lower extremities. There was documentation of some improvement noted since prior examination. A trial of Lyrica was helping some as well as additional medications. Current medications listed included Nucynta ER, Celebrex, Baclofen, Lyrica, and Norco 5-325mg three times daily. A lumbar spine MRI dated 1-21-15, revealed multilevel degenerative disc disease, annular tears and disc bulges without stenosis. The physical examination documented lumbar tenderness with muscle spasms with a positive straight leg raise test and decreased range of motion. There were facet symptoms with radiation to left lower extremity. There was grinding present consistent with spondylosis. The plan of care included a request for transforaminal epidural steroid injection to left L4-L5. The appeal requested authorization for a transforaminal

epidural steroid injection at L3-4 and L4-5 levels. The Utilization Review dated 10-14-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal (TFE) injection at L3-4 and L4-5 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment for Workers Compensation, 2015 web-based edition; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: The injured worker sustained a work related injury on 10-23-2007. Diagnoses include muscle spasm of back, spondylosis without myelopathy, low back pain, lumbago with sciatica, lumbar disc degeneration, and chronic pain. Treatments to date include activity modification, medication, physical therapy, home exercise, H-wave unit. The medical records provided for review do not indicate a medical necessity for Left transforaminal (TFE) injection at L3-4 and L4-5 levels. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Although the physical examination was positive for radiculopathy, such was not corroborated by the nerve studies, or Lumbar MRI. The requested treatment is not medically necessary.