

Case Number:	CM15-0211723		
Date Assigned:	10/30/2015	Date of Injury:	02/12/2009
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
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, 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 63 year old male, who sustained an industrial injury on February 12, 2009. He reported injury to his neck and right shoulder. The injured worker was currently diagnosed as having chronic pain other, lumbar facet arthropathy and lumbar radiculopathy. Treatment to date has included lumbar epidural steroid injection, chiropractic treatment with positive response, diagnostic studies, physical therapy and acupuncture. On September 11, 2015, the injured worker complained of constant low back pain described as aching, dull, sharp, stabbing and moderate in severity. The pain was rated as a 1 on a 1-10 pain scale with medications and a 7 on the pain scale without medications. The pain is aggravated by prolonged sitting, standing, turning, twisting and walking. He also reported mild difficulty with sleep and ongoing activity of daily living limitations. Physical examination of the lumbar spine revealed "slightly limited" range of motion secondary to pain. Pain was significantly increased with bending to the right and extension. The treatment plan included a lumbar epidural steroid injection. On September 25, 2015, the injured worker complained of low back pain. Notes stated that overall treatment procedures and therapeutic exercises have reduced low back pain levels to VAS 5-7. He reported continued vague feeling of dullness and numbness to his right lower extremity and foot along with weakness to his right leg, especially after standing up from being bent over or from being seated. Lumbar flexion range of motion was 65 degrees and lumbar extension to 10 degrees. Kemps test reproduced pain and tingling to the right S1 distribution and mildly to the right L5 distribution. Kempts test on the left induced low back pain only. Trendelenburg sign was mildly positive on the right. The treatment plan included diagnostic lumbar epidural steroid injection of the right L5-S1 level, an MRI of the lumbar spine and exercise. On October 7, 2015, utilization review denied a request for a 2nd lumbar epidural steroid injection L5-S1 times one.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd lumbar epidural steroid injection L5-S1 x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This claimant was injured now 6 years ago. There was a prior ESI, but no discussion of outcomes of that prior ESI. There is still pain and weakness of the right leg. There is no current documentation of neurologically significant disc herniation on an imaging study. 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, and the outcomes from previous ESI are unknown to attest if these criteria are met. The request appears appropriately non-certified based on the above. The request is not medically necessary.