

Case Number:	CM15-0212137		
Date Assigned:	11/02/2015	Date of Injury:	10/20/1997
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/28/2015

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: Pennsylvania
 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:

The injured worker is a 52-year-old male, with a reported date of injury of 10-20-1997. The diagnoses include persistent right lumbar radiculopathy. The medical report dated 08-31-2015 indicates that the injured worker had a history of persistent left-sided lumbar radiculopathy and failed back surgical syndrome. The injured worker continued to complain of pain in his right lower back with radiation to the posterior lateral right leg and lateral right foot. He also complained of pins and needles and occasional numbness in his foot. The injured worker rated his pain 8 out of 10 at its worst. It was noted that his daily activities were significantly disrupted by the lower back and right leg pain. The medical report dated 07-30-2015 indicates that injured worker stated that after his last injection, the pain was much better. He still complained of pins and needles in the right foot and numbness in the middle toes of the foot. The injured worker stated that occasional shooting pain started from the lower back, the right leg, and right foot. He rated the pain 3 out of 10. The objective findings (08-31-2015) include moderate distress; an antalgic gait; limited range of motion of the lumbar spine during flexion and to a lesser degree bending and turning to the right side; decreased sensation in the lateral right and left legs to light touch and pinprick; tenderness of the sacroiliac joints when pressed; positive left straight leg raise; paravertebral muscle spasm; and decreased lordosis of the lumbar spine. The objective findings (07-30-2015) include no apparent distress; slightly antalgic gait; limited lumbar range of motion during flexion; decreased sensation in the lateral right and left legs to light touch and pinprick; paravertebral muscle spasms were present and lordosis of the lumbar spine was decreased; tenderness of the sacroiliac joints when pressed; positive Patrick test on the left side;

and positive left straight leg raise. It was noted that an MRI of the lumbar spine on 05-15-2012 showed a status post bony interbody fusion and anterior metallic fixation at L5-S1, bony osteophytes contacted the right sacroiliac nerve root, broad-based disc protrusion at L4-5 with a mild bilateral neural foraminal stenosis, and interval development of mild degenerative disc disease at L2-3. The injured worker's work status was not indicated. The diagnostic studies to date have included an MRI of the lumbar spine on 08-22-2015, which showed status post L5-S1 anterior discectomy and fusion and lumbar disc disease with mild approaching moderate foraminal narrowing. Treatments and evaluation to date have included Vicodin, injection, and lumbar spine fusion. The treating physician requested outpatient right lumbar transforaminal steroid injections at L4-5 and L5-S1. On 09-29-2015, Utilization Review (UR) non-certified the request for outpatient right lumbar transforaminal steroid injections at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right lumbar transforaminal steroid injections at L4-5 and 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: This worker had lumbar transforaminal steroid injection for left lumbar radiculopathy on 5/27/15 resulting in at least 50% reduction in pain. According to the progress note of 8/31/15, "He continues complaining of the pain in his right lower back radiating to posterior lateral right leg and lateral right foot. However, the progress notes of 6/9/15 and 7/30/15 document persistent left side radiculopathy, not right sided. The exam on 8/31/15 demonstrated positive straight leg raise on the left, but not on the right. An MRI 8/22/15 showed stenosis. According to the MTUS, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the history is inconsistent and exam findings are not consistent with right lumbar radiculopathy. The MRI does not definitively corroborate radiculopathy. Therefore, the request is not medically necessary.