MAXIMUS Federal Services

Case Number:	CM15-0218963		
Date Assigned:	11/10/2015	Date of Injury:	05/19/2014
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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, North Carolina
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 61 year old female, who sustained an industrial injury on 5-19-14. The injured worker was diagnosed as having lumbar disc displacement without myelopathy and lumbar or lumbosacral disc degeneration. Treatment to date has included TENS, an unknown number of physical therapy sessions, massage, and medication including Ibuprofen, Cyclobenzaprine, Lidopro ointment, Naproxen Sodium, and Terocin patches. On 9-25-15, the treating physician noted "she has difficulty performing household chores and exercising. She has no difficulty working, doing yard work, socializing with friends, and participating in recreational activities." On 9-25-15 physical exam findings included restricted lumbar spine range of motion with paravertebral muscle spasm, tenderness, and trigger points. Spinous process tenderness was noted on L4 and L5. Lumbar facet loading was positive on the right side and tenderness was noted over the sacroiliac spine, coccyx, and posterior iliac spine. Light touch sensation was decreased over the medial calf on the right side. On 9-25-15, the treating physician noted a MRI of the lumbar spine revealed L5-S1 disc bulging with no signs of spinal stenosis. There were signs of facet joint arthropathy and no spondylolisthesis. On 9-25-15, the injured worker complained of low back and right hip pain rated as 7 of 10 without medication and 4 of 10 with medication. On 10-5-15 the treating physician requested authorization for transforaminal epidural steroid injections at L2-3, L3-4, and L4-5 on the right side. On 10-9-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI, L2-L3, L3-L4, L4-L5 right sided: 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 request is for ESI at 3 levels (L2-L5) for a 61 year-old female with chronic low back pain. The purpose of ESI is to reduce pain/inflammation, restore range of motion and facilitate more active participation in a rehab program. ESI is recommended as an option for treatment of radicular pain. ESI is not supported in the absence of radicular pain. In this case, there is no documentation of findings consistent with radiculopathy and corroborated by MRI or electrodiagnostic studies. Therefore this case does not meet criteria for ESI. In addition, the 3 levels requested exceeds guideline recommendations. The request is not medically necessary.