

Case Number:	CM15-0222711		
Date Assigned:	11/18/2015	Date of Injury:	07/18/2014
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 53 year old male, who sustained an industrial injury on 07-18-2014. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine and left sacroiliac joint sprain, left knee sprain and medial meniscus tear and left hip greater trochanteric bursitis. MRI on 08-18-2014 was noted to show severe central canal narrowing and multilevel two to three millimeter posterior disc protrusions. Treatment has included pain medication, lumbar epidural steroid injection, acupuncture and application of heat and cold. On 06-12-2015 the worker reported low back pain radiating to the bilateral upper extremities that was rated as 6-7 out of 10 and 2-3 out of 10 with medications. Objective findings showed tenderness to palpation and moderate spasm over the paravertebral musculature, positive straight leg raising test in the right lower extremity and range of motion of the lumbar spine of 44 degrees to flexion, 19 degrees to extension, right side bending to 15 degrees and left side bending to 19 degrees. The plan of care included a bilateral L3-L4 and L4-L5 transforaminal ESI and home exercise program. The worker had L3-L4 and L4-L5 lumbar epidural steroid injections (ESI's) performed on 07-20-2015. On 07-27-2015 the physician noted that he worker reported improvement with L3-L5 ESI with gradual decrease in numbness and tingling in the bilateral upper extremities. Pain without medications was rated as 7-8 out of 10 and 3-4 out of 10 with medications. Objective findings showed tenderness to palpation of the lumbar spine with muscle guarding and spasm over the paravertebral musculature, tenderness to palpation over the lumbosacral junction, slightly positive straight leg raise to the right lower extremity and range of motion of the lumbar spine of 47 degrees to flexion, 20 degrees to extension, right side bending

to 18 degrees and 20 degrees to left side bending. On 09-08-2015 the physician noted that the worker reported gradual return to radiating numbness and tingling to the bilateral lower extremities following greater than 60% benefit with first epidural steroid injection on 07-20-2015 for approximately 5-6 weeks. Pain was rated as 8 out of 10 without medications and 5 out of 10 with medications. Objective findings showed tenderness to palpation of the lumbar spine with muscle guarding and spasm over the paravertebral musculature and lumbosacral junction, positive straight leg raising test bilaterally right greater than left radiating to the bilateral L4-L5 with decreased sensation and decreased range of motion in all planes. Work status remained temporarily totally disabled due to inability of modified work. A utilization review dated 10-15-2015 non-certified 1 lumbar spine bilateral L3-L4 and L4-L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar spine bilateral L3-L4 and L4-L5 transforaminal epidural steroid injection: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one lumbar bilateral L3 - L4 and L4 - L5 transforaminal epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker is relevant working diagnoses are lumbar spine and left sacroiliac joint spring; left knee sprain/medial meniscal tear. For additional diagnoses see the progress note dated September 8, 2015. Date of injury is July 18, 2014. Request for authorization is September 8, 2015. According to a September 8, 2015 progress note, subjective complaints include gradual return of back pain that radiates bilateral lower extremities with numbness and tingling. Objectively, there is tenderness to palpation with guarding and spasm in the paravertebral muscles and lumbosacral junction. There is positive straight leg raising. Utilization review states the injured worker was approved for a second epidural steroid injection (ESI) that has not yet been provided to the injured worker. The first lumbar ESI was administered July 20, 2015 with 60% benefit for 5-6 weeks. According to utilization review #1147156 on August 31, 2015, a second transforaminal

epidural steroid injection at the lumbar bilateral L3 - L4 and L4 - L5 was certified. There is no documentation indicating its completion. A third transforaminal lumbar ESI is not clinically indicated at this time. There is no documentation in the medical records support a third transforaminal lumbar ESI. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, one lumbar bilateral L3 - L4 and L4 - L5 transforaminal epidural steroid injection is not medically necessary.