

Case Number:	CM15-0030944		
Date Assigned:	02/25/2015	Date of Injury:	07/03/2013
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male with an industrial injury dated July 3, 2013. The injured worker diagnoses include lumbar sprain/strain and right lumbar radiculopathy. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. In a progress note dated 10/17/ 2014, the injured worker complained of constant lower back pain and radiation of pain into buttocks, more on the right side. The injured worker also complained of weakness, giving way, catching, swelling, numbness, locking and grinding of the low back. According to the qualified medical evaluation dated 12/05/2014, the qualified examiner noted intermittent left leg radiculopathy, L5-S1 disc degeneration, T9-T12 disc degeneration, moderate lateral recess stenosis L5-S1 and thoracic strain. The treating physician prescribed services for lumbar transforaminal epidural steroid injection at L5. Utilization Review determination on February 3, 2015 denied the request for lumbar transforaminal epidural steroid injection at L5, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforamial epidural steroid injection at L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents with back pain radiating to lower extremity rated at 8-9/10 without and 5-6/10 with medication. The request is for LUMBAR TRANSFORAMIAL EPIDURAL STEROID INJECTION AT L5. The request for authorization is dated 01/17/15. MRI of the lumbar spine 12/09/13 shows mild spinal canal stenosis and moderate bilateral foraminal stenosis L5-S1 due to a broad annular bulge. Straight leg raising test is positive and Lasegue's sign is positive. The patient has been advised to continue with conservative care. Patient complains of weakness, giving way, catching, swelling, numbness, locking and grinding of the low back. The patient reports that the intensity of the pain in his low back on a daily basis is causing him difficulty in performing many of his daily activities. The patient's medications include Vicodin and Mobic. The patient is not working. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Treater has not provided reason for the request. In this case, radiculopathy is documented by physical examination in patient by positive straight-leg test in progress reports from 06/06/14 to 10/17/14. Additionally, MRI of the lumbar spine 12/09/13 showed mild spinal canal stenosis and moderate bilateral foraminal stenosis L5-S1 and the request is for L5 level injections. Furthermore, patient has not had an ESI in the past. Therefore, the request IS medically necessary.