

Case Number:	CM15-0042459		
Date Assigned:	03/12/2015	Date of Injury:	12/05/2014
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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

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 39 year old male, who sustained a work/ industrial injury on 12/5/14. He has reported initial symptoms of back pain. The injured worker was diagnosed as having lumbar spine sprain/strain. Treatments to date included medications and chiropractic care. Magnetic Resonance Imaging (MRI) of the lumbar spine reported broad-based posterior herniation of the L5-S1 disc causing mild narrowing of the central canal and neural foramina bilaterally; broad based posterior and left foraminal herniation of the L4-5 disc causing mild narrowing of the central canal and neural foramina bilaterally left > right; a mild diffuse bulge of L3-4 disc without narrowing and minimal retrolisthesis of the L4 vertebra over the L5 and the L5 over S1. Currently, the injured worker complains of lumbar pain. The treating physician's report (PR-2) from 2/18/15 indicated tenderness and spasm with pain with range of motion with positive straight leg raise (SLR). Orthopedic evaluation on 1/23/15 noted alignment, limited range of motion, drop foot on the left, tension sign positive on the left, reflex and sensation normal. Diagnosis was spinal stenosis of lumbar region and degenerative disc disease. Medications included Relafen. Treatment plan recommended was 1 Epidural Steroid Injection at L3-L4, L4-L5 and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural Steroid Injection at L3-L4, L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: Per the 01/23/15 report b[REDACTED] the patient presents with back pain and listed diagnoses of Spinal Stenosis of lumbar region and DDD of Lumbosacral. The current request is for EPIDURAL STEROID INJECTION AT L3-L4, L4-L5 AND L5-S1 LEVELS. The RFA is not included; however, the 02/26/15 utilization review states it is dated 02/18/15. The patient is working modified duties as of 02/18/15. MTUS pages 46 and 47 state that: Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. Several recent reports provided are handwritten and partially illegible. An MRI date not specified-- is cited by the 01/28/15 report showing degenerative changes at L4-5 and L5-S1 with left neuroforaminal stenosis at L4-5 and central disc bulge at L5-S1. Examination on 02/18/15 by an un-named treater states the patient has a positive Straight Leg Raise with tenderness and spasm of the paravertebral musculature. The 01/13/15 report states back pain has subsequent pain discomfort and weakness in the left leg. In this case, the patient has radicular symptoms supported by examination findings. The cited MRI study does show stenosis at L4-5; however only disc bulge of unknown size at L5-S1 and no findings at L3-L4 levels for which injections are requested. Furthermore, the MTUS guidelines state that no more than two root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected. This request is for 3 levels. Therefore, lacking corroborating imaging for all the requested levels and exceeding the number of levels recommended, the request IS NOT medically necessary.