

Case Number:	CM15-0042537		
Date Assigned:	03/12/2015	Date of Injury:	01/17/2014
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
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: Emergency 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:

This 32 year old male sustained a work related injury on 01/17/2014. According to a progress report dated 02/03/2015, the injured worker was seen for follow up of the low back. He was feeling the same as last time. He went to the chiropractor six times and did not get any relief. Referred or radiating symptoms included numbness and tingling. Associated manifestations included bowel dysfunction, inflammatory signs and symptoms, sleep-related problems and weakness. Physical examination of the lumbar spine demonstrated tenderness in midline at L5-moderate, tenderness off midline bilaterally in a symmetrical distribution in the paraspinous muscles-moderate, tenderness posteriorly at L5-moderated, active range of motion, limited in flexion and extension due to pain and no instability. Sacral spine demonstrated tenderness in midline-moderated. Current problems were noted as lumbar degenerative disc disease and lumbar intervertebral disc disorder without myelopathy. The provider noted that the injured worker had a disc injury with an annular tear at L5-S1 with primarily low back pain and moderate radiating left leg pain and that he had failed to get relief with physical therapy and chiropractic care. His electrodiagnostic testing was normal. The provider recommended that the injured worker have a left-sided Transforaminal Epidural Steroid Injection at the L5 and S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at left L5-S1 and S1-S2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Transforaminal epidural steroid injection at left L5-S1 and S1-S2, is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has tenderness in midline at L5-moderate, tenderness off midline bilaterally in a symmetrical distribution in the paraspinous muscles-moderate, tenderness posteriorly at L5-moderated, active range of motion, limited in flexion and extension due to pain and no instability. Sacral spine demonstrated tenderness in midline-moderated. Current problems were noted as lumbar degenerative disc disease and lumbar intervertebral disc disorder without myelopathy. The treating physician has documented positive straight leg raising tests. A January 23, 2015 EMG/NCV was negative for radiculopathy. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Transforaminal epidural steroid injection at left L5-S1 and S1-S2 is not medically necessary.