

Case Number:	CM15-0046332		
Date Assigned:	03/18/2015	Date of Injury:	03/26/2013
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male, who sustained a work/ industrial injury on 3/26/13. He has reported initial symptoms of pain to right shoulder, neck, and low back extending down both legs. The injured worker was diagnosed as having bilateral facet arthropathy with anterolisthesis and bilateral foraminal stenosis, probable bilateral L5 radiculopathies (R>L). Treatments to date included medication, injections, therapy, diagnostics, and surgery (right shoulder on 8/7/14). Magnetic Resonance Imaging (MRI) of the lumbar spine reported a central bulge at L4-5 and tiny annular fissures at L4-5 and L5-S1 and facet arthropathy with mild to moderate foraminal stenosis. MRI of the right shoulder reported acromioplasty and rotator cuff repair with diffuse tendinopathy. A focal longitudinal tear is noted in the mid supraspinatus segment in the subacromial region with several small superficial partial thickness bursal and articular surface tears, suspected anterosuperior labral tear. Currently, the injured worker complains of lumbar pain with radiation to lower extremities. The treating physician's report (PR-2) from 2/20/15 indicated normal gait, tenderness along the L5 level. Extension of the low back does not cause increased pain over the low back. There was full extension over the knees. Strength and sensation were intact over the both legs. Achilles reflexes are 2+. Straight leg raise testing is positive bilaterally. The PR-2 report from 9/9/14 requested epidural injections. Medications were prescribed for diabetes mellitus and hypercholesterolemia. Treatment plan included Bilateral L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Bilateral L5-S1 transforaminal epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of a bilateral L5, S1 polyradiculopathy that would necessitate a bilateral L5-S1 transforaminal epidural steroid injection therefore this request is not medically necessary.