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| Case Number: | CM15-0058947 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 01/13/2015 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

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 37 year old male, who sustained an industrial injury on 1/13/15. He reported pain in the lower back related to lifting a heavy object. The injured worker was diagnosed as having herniated disc at L4-L5. Treatment to date has included a lumbar MRI, physical therapy and pain medications. As of the PR2 dated 3/10/15, the injured worker reports continued lower back pain. The treating physician noted decreased lumbar range of motion and tenderness at L4-S1 midline. The treating physician requested a transforaminal epidural steroid injection at right L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal right L-4 ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for 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 low back pain radiating to lower extremity. The request is for transforaminal right L4 - ESI. The request for authorization is dated 03/12/15. MRI of the lumbar spine, 01/13/15, shows disc desiccation L4-5 and L5-S1 with an annular tear present within the posterior central portion of the L4-5 disc and a 6mm broad-based disc bulge; this does not appear to be causing any impingement upon the exiting nerve roots or causing any significant spinal canal narrowing. Physical examination of the lumbar spine reveals no significant paraspinal tenderness; however, he has some midline spine tenderness at approximately the L4 through S1 region. Range of motion of the lumbar spine is decreased. He is negative straight leg raises bilaterally. Muscle strength testing of the lower extremities is 5/5. Normal for reflexes and sensation in bilateral lower extremities. The pain is still in the midline lumbar spine region, slight more to the RIGHT of midline. It radiates slightly to the RIGHT buttock and posterior thigh towards the knee. He has occasional tingling in the posterior thigh and knee region. The pain is worse with lifting activities and better with some stretching. He has done about 6 sessions of physical therapy. The patient is urged to continue his exercises and start pushing slightly through the pain to strengthen his core and get range of motion back. Patient's medications include Norco and Ibuprofen. Per progress report dated, 03/10/15, the patient is on modified work. 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." Per progress report dated, 03/10/15, treater's reason for the request is "Since he has tried all conservative measurements so far, including physical therapy, rest and medications, and has not been able to return to work, I think an epidural steroid injection at the right L4 and L5 neural foraminal levels would be appropriate. This would be done with fluoroscopy." In this case, MRI of the lumbar spine, 01/13/15, shows disc desiccation L4-5 and L5-S1 with an annular tear present within the posterior central portion of the L4-5 disc and a 6mm broad-based disc bulge; this does not appear to be causing any impingement upon the exiting nerve roots or causing any significant spinal canal narrowing. However, physical examination reveals Straight Leg Raising is negative bilaterally. Radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Therefore, the request IS NOT medically necessary.

Transforaminal right L-5 ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for 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 low back pain radiating to lower extremity. The request is for transforaminal right L5 - ESI. The request for authorization is dated 03/12/15. MRI of the lumbar spine, 01/13/15, shows disc desiccation L4-5 and L5-S1 with an annular tear

present within the posterior central portion of the L4-5 disc and a 6mm broad-based disc bulge; this does not appear to be causing any impingement upon the exiting nerve roots or causing any significant spinal canal narrowing. Physical examination of the lumbar spine reveals no significant paraspinal tenderness; however, he has some midline spine tenderness at approximately the L4 through S1 region. Range of motion of the lumbar spine is decreased. He is negative straight leg raises bilaterally. Muscle strength testing of the lower extremities is 5/5. Normal for reflexes and sensation in bilateral lower extremities. The pain is still in the midline lumbar spine region, slight more to the RIGHT of midline. It radiates slightly to the RIGHT buttock and posterior thigh towards the knee. He has occasional tingling in the posterior thigh and knee region. The pain is worse with lifting activities and better with some stretching. He has done about 6 sessions of physical therapy. The patient is urged to continue his exercises and start pushing slightly through the pain to strengthen his core and get range of motion back. Patient's medications include Norco and Ibuprofen. Per progress report dated, 03/10/15, the patient is on modified work. 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." Per progress report dated, 03/10/15, treater's reason for the request is "Since he has tried all conservative measurements so far, including physical therapy, rest and medications, and has not been able to return to work, I think an epidural steroid injection at the right L4 and L5 neural foraminal levels would be appropriate. This would be done with fluoroscopy." In this case, MRI of the lumbar spine, 01/13/15, shows disc desiccation L4-5 and L5-S1 with an annular tear present within the posterior central portion of the L4-5 disc and a 6mm broad-based disc bulge; this does not appear to be causing any impingement upon the exiting nerve roots or causing any significant spinal canal narrowing. However, physical examination reveals Straight Leg Raising is negative bilaterally. Radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Therefore, the request IS NOT medically necessary.