

Case Number:	CM15-0059802		
Date Assigned:	04/06/2015	Date of Injury:	09/05/2014
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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 59 year old male, who sustained an industrial injury on 9/5/14. The injured worker has complaints of low back pain. The diagnoses have included lumbar muscle strain. Treatment to date has included ice/heat; massage; stretching; back booklet for exercises; magnetic resonance imaging (MRI) of the lumbar spine; physical therapy; injections and medications. The request was for lumbar L4-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections (Lumbar) L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: Based on the 12/04/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the RIGHT lower extremity. Per 03/26/15 treater report, patient complains of radicular pain to BILATERAL lower extremities. The

request is for EPIDURAL STEROID INJECTIONS (LUMBAR) L4-L5. Patient's diagnosis per Request for Authorization form dated 02/27/15 includes thoracic or lumbosacral neuritis or radiculitis. Physical examination to the lumbar spine on 12/04/14 revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 5 degrees. Positive straight leg raise test on the RIGHT and decreased sensory exam in the RIGHT L5 distribution. Treatment to date included physical therapy and chiropractic. Patient may work modified duty, per 02/05/15 treater report. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."; and "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 03/26/15 progress report, treater requests "review by an expert in this field," "a pain management specialist or a spine specialist," since last UR was performed by a "family practice physician." Per progress report dated 02/19/15, treater states the patient "does have findings consistent with lumbar radiculopathy along a dermatomal distribution with correlative MRI findings." Per 02/19/15 progress report, the patient complained of predominantly LEFT sided symptoms. Physical examination on 02/19/15 revealed positive straight leg raise on the LEFT. MRI of the lumbar spine on 02/13/15 revealed "disc bulge and paravertebral ridging with LEFT paracentral protrusion at L4-5 level with mild epidural lipomatosis causes mild central canal stenosis. Associated degenerative facet changes with moderate LEFT lateral recess narrowing and moderate LEFT foraminal narrowing at this level." In this case, treater has well documented patient's LEFT sided radicular symptoms on 02/19/15, supported by physical examination and corroborated with MRI findings. ESI to LEFT L4-5 would be indicated by guidelines. However, review of medical records do not show consistency in patient's leg symptoms that would corroborate with provided lumbar spine MRI findings; and straight leg raise tests are positive for both right and left legs on different exam dates. Furthermore, treater has not indicated which side would be injected in the current request. Given the lack of a clear documentation supporting radiculopathy as required by MTUS, the request IS NOT medically necessary.