

Case Number:	CM15-0086885		
Date Assigned:	05/11/2015	Date of Injury:	11/21/2014
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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 37 year old, male who sustained a work related injury on 11/21/14. He states injury happened when he was pulling something and fell backwards. The diagnoses have included lumbar spine degenerative disc disease and lumbar radiculopathy. Treatments have included medications, rest, heat/cold therapy and massage. In the PR-2 dated 4/13/15, the injured worker complains of lower back pain that goes down right leg. He describes the pain as aching, burning, sharp and shooting. He rates his pain level a 10/10. He states the pain is made better with medication and rest. He states the pain is made worse by activity and movement. He states he has impaired activities of daily living, is unable to work and he is frustrated. Upon examination, he has restricted range of motion in low back with flexion limited to 30 degrees and extension limited to 0 degrees due to pain. He has tenderness of paravertebral musculature with muscle spasms and trigger points. The treatment plan includes a request for a transforaminal lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Transforaminal Epidural Steroid Injection at the L4-L5 with Monitored Anesthesia Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Epidural Steroid Injections (ESIs).

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

Decision rationale: This patient presents with low back pain going down the leg. The current request is for a Transforaminal Epidural Steroid Injection At The L4 And L5 With Monitored Anesthesia Care. The Request for Authorization is dated 03/15/15. Treatments have included medications, rest, heat/cold therapy and massage therapy. The patient is TTD. 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 electro diagnostic testing. According to progress, report 04/13/15, the patient presents with lower back pain and right lower extremity pain. The patient characterized the pain as aching, burning, sharp and shooting. Examination revealed limited ROM, trigger points and positive straight leg raise on the right side in the supine position at 45 degrees. The treating physician reviewed MRI of the lumbar spine, which showed 7mm disc protrusion at L5-S1. Progress report 12/05/14 discusses the results of x-ray of the lumbar spine taken on 11/21/14 which showed mild space narrowing at L5-S1. Mild degenerative facet changes are noted most prominently at L4-5 and L5-S1. The treating physician has documented positive examination findings and the patient does complain of right leg pain; however, MRI showed disc herniation at L5-S1 and the treater is asking for L4 and L5 level injections. A disc herniation at L5-S1 would not result in radiculopathy at L4, and would not affect L5 unless the herniation is foraminal. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The current request is not medically necessary.