MAXIMUS Federal Services

Case Number:	CM15-0086922		
Date Assigned:	05/11/2015	Date of Injury:	05/03/2014
Decision Date:	06/23/2015	UR Denial Date:	04/03/2015
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, Pain Management

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 58-year-old male sustained an industrial injury on 5/3/14. He subsequently reported low back pain. Diagnoses include lumbosacral strain, cervical spine sprain/ strain and bilateral shoulder strains. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the bilateral lower extremities. On examination, gait is abnormal, myospasms with myofascial trigger points and twitch response with referred pain along lumbosacral and thoracolumbar paraspinous musculature, cervicothoracic paraspinous musculature, levator scapulae, rhomboids and trapezius bilaterally was noted. Positive straight leg raise testing was noted on the right and left and radiating pain in a seated position. MRI was said to note mild left neuroforaminal stenosis and nerve root compromise at L5-S1, although no formal reports were included for review. A request for a bilateral transforaminal lumbar epidural steroid injection (LESI) at L5-S1 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection (LESI) at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative physical exam and imaging and/or electrodiagnostic findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, while and MRI is said to demonstrate mild neuroforaminal stenosis and nerve root compromise (no formal MRI report is included for review), there is no current legible documentation of physical examination findings corroborating radiculopathy at the requested level. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.