

Case Number:	CM14-0216845		
Date Assigned:	01/06/2015	Date of Injury:	09/03/2004
Decision Date:	03/20/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/26/2014

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 62 year old male patient, who sustained an industrial injury on 09/03/2004. A magnetic resonance imaging study performed on 10/16/2014 revealed mild multi-level disc degeneration at L2-3 through L5-S1, a 2.5mm broad based posterior disc bulge at L3-4 results in mild spinal canal stenosis, a 2.5 to 3 mm posterior disc bulge at L4-5 contributes to mild L4-5 spinal canal stenosis. there is also mild bilateral L4-5 foraminal stenosis with mild to moderate facet joint arthropathy, right L5-S1 facet joint arthropathy with a 2mm posterior disc bulge results in mild to moderate right L5-S1 foraminal stenosis with potential for impingement on the exiting right L5 nerve, and a 2mm far left 3mm far right posterior disc bulges at L2-3 do not significantly impinge. A primary treating office visit dated 10/29/2014 reported primary complaint to lumbar spine described as persistent lower back pain with bilateral parasthesia to bilateral feet. He is diagnosed with left sacroiliac joint sprain, mild degenerative disc disease L5-L3, L5-S1. He is noted as 100% permanent disabled. The patient is also reported with improved participation in home exercise program along with noted improved sleep pattern. He is currently prescribed Cyclobenzaprine and Tramadol. Physical examination found a wide based gait and a heel tow walk performed with difficulty secondary to low back pain. The lumbar spine is found with diffuse tenderness to palpation over the paravertebral musculature and there is moderate facet tenderness to palpation over L4 through S1. The left lumbar spine showed positive sacroiliac tenderness, Fabere's/Patrick, Turst and yeoman's testing. On 11/26/2014 Utilization Review non-certified a request for bilateral epidural steroid injections to L4-5 and L5-S1 times two, noting the CA MTUS Chronic Pain Medical treatment Guidelines, Epidural

Steroid Injections was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injections x2: Upheld

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

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

Decision rationale: Based on the 12/09/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The request is for BILATERAL L4-L5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS X2. Patient's medications include Ultram, Cyclobenzaprine and Fexmid. Patient is on home exercise program. The patient is permanently disabled. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Patient presents with radicular pain. Patient's diagnosis on 12/09/14 included lumbar sprain/strain with bilateral lower extremity radiculopathy. Physical examination to the lumbar spine on 12/09/14 revealed positive straight leg raise test bilaterally. MRI study of the lumbar spine dated 10/16/2014 revealed mild multi-level disc degeneration at L2-3 through L5-S1, 2.5 to 3 mm posterior disc bulge at L4-5 contributing to mild L4-5 spinal canal stenosis, and right L5-S1 facet joint arthropathy with a 2mm posterior disc bulge resulting in mild to moderate right L5-S1 foraminal stenosis with potential for impingement on the exiting right L5 nerve. Treater has documented radiculopathy, supported by physical examination and corroborated with imaging study. There is no record of prior lumbar ESI in review of medical records. The request appears reasonable and in accordance with guideline indications. However, the treater has asked for two such injections in a row. MTUS does not support repeat injections unless the first injection has provided significant benefit. The request IS NOT medically necessary.