

Case Number:	CM15-0110447		
Date Assigned:	06/17/2015	Date of Injury:	09/10/2013
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

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:

The injured worker is a 46 year old female who sustained an industrial injury on 9/10/13 when she fell backward hitting her back and feeling immediate pain. She was medically evaluated and treated with pain medication and rest. She has had 24 sessions of physical therapy with no relief; four sessions of acupuncture with minimal relief and a transcutaneous electrical nerve stimulator unit providing good relief; a left greater trochanteric bursa steroid injection (11/13/14) with no relief; transforaminal epidural steroid injection on the left S1 (4/9/15) with 10% continued relief. She currently complains of low back and left hip pain. Her low back pain is constant on the left side with radiating pain down the left leg to the foot and up to her mid upper back with pain into her left arm. She reports her left knee feels like it will give out. Her pain level is 7/10. Medications are Prilosec, naproxen, Apap/with codeine 300/30 mg; Lidopro, Pamelor, Ultracet. Diagnoses include left lumbar radiculopathy; lumbar myofascial strain; lumbar facet arthropathy; lumbago. Diagnostics include MRI of the left hip (7/24/14) minimal spurring; MRI of the lumbar spine (10/9/13) showing very mild protrusion at L4-5 and L5-S1; x-rays of the left hip (6/20/14) show degenerative changes with mild osteoarthritis; x-rays of the lumbar spine (9/12/13) unremarkable; electromyography of the bilateral lower extremities (7/2/14) was normal; electromyography of the bilateral upper extremities (6/19/14) was normal. In the progress note dated 4/29/15 the treating provider's plan of care includes a request for transforaminal epidural steroid injection of the lumbar spine S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection to the left 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for low back and left hip pain. A transforaminal epidural steroid injection in April 2015 provided 10% sustained pain relief. The procedure report was reviewed and confirms the use of fluoroscopic guidance and appropriate contrast flow. A lumbar spine MRI in October 2013 showed mild disc protrusions with possible left L5 spondylolysis without report of neural compromise. When seen, pain was rated at 7/10. Crossed straight leg raising was positive. There was decreased left lower extremity strength. There was increased left lumbar paraspinal muscle tone and positive facet loading. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity strength with positive crossed straight leg raising. However, imaging does not confirm the presence of radiculopathy. The request is not medically necessary.