

Case Number:	CM15-0112471		
Date Assigned:	06/18/2015	Date of Injury:	03/31/2005
Decision Date:	07/24/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/10/2015

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, Hawaii
 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 60 year old male, who sustained an industrial injury on 3/31/2005. He reported a trip and fall. The injured worker was diagnosed as having lumbago, lumbar spinal stenosis, lumbosacral pain, degenerative disc disease L5/S1, L2 compression fracture, chronic compression fracture L1, and severe stenosis at L4/5. Treatment to date has included diagnostics, physical therapy, work restrictions, right knee surgeries, injections, left knee surgery, and medications. On 4/10/2015, the injured worker complained of constant low back pain with radiation to the right buttock, occasionally the left buttock. Low back pain was rated 5/10. He reported difficulty with sleep due to pain and occasionally he used a scoliosis brace. He also reported bilateral knee pain and ambulated with a single point cane for support. 12 sessions of physical therapy were completed with temporary improvement. Current medications included HCTZ, Metoprolol, Nucynta ER, Quinapril, Propafenone, Atorvastatin, and Aspirin. His height was 6'0" and weight was 260 pounds. Physical exam of the lumbar spine noted palpable muscle spasms next to the spinous processes and limited range of motion due to pain. Motor strength was notable for 4+/5 extensor hallucis longus in the right and 4/5 iliopsoas on the left. Quadriceps strength was not tested due to pain. Sensory exam was decreased to the right lateral calf and intact on the left. X-rays of the lumbar spine (4/03/2015) showed no instability and compression fractures L1 and L2, with 20% height loss. Scoliosis x-rays (12/2014) showed kypkosis in the lumbar spine with 4cm anterior C7 plumb line on scoliosis lateral projection. The treatment plan included pain management evaluation and treatment with right L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pain management evaluation and treatment with a transforaminal epidural injection on the right at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

Decision rationale: The patient presents with complaints of bilateral knee pain and constant low back pain with radiation to the right buttock, occasionally the left buttock. He reported difficulty with sleep due to pain and occasionally he used a scoliosis brace. Scoliosis x-rays dated 12/14 showed kyphosis in the lumbar spine with 4cm anterior C7 plumb line on scoliosis lateral projection. The current request is for one pain management evaluation and treatment with a transforaminal epidural injection on the right at L4-5. The treating physician states in his treating report dated 4/10/15 (339B) that, "The patient has persistent lower back pain despite 12 sessions of physical therapy. At this time, he requires pain management evaluation and treatment with a right L4-5 transforaminal epidural steroid injection to alleviate symptoms. MTUS Guidelines regarding Epidural Steroid Injections state, "Recommended as an option for treatment of radicular pain." Additionally, MTUS defines the following criteria regarding ESI's, under the chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing." In this case, the treating physician does document the patient's radicular pain however, per the most recent MRI dated 7/8/14 (240B) there is no corroboration of radiculopathy in the MRI report. Additionally, the clinical history offers no evidence of an EMG/ICV study. In the absence of documented radiculopathy by imaging, the MTUS Guidelines do not support an ESI. The current request is not medically necessary.