

Case Number:	CM15-0115676		
Date Assigned:	06/23/2015	Date of Injury:	05/13/2001
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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 70-year-old male, who sustained an industrial injury on 5/13/01. He reported pain in his lower back related to cumulative trauma. The injured worker was diagnosed as having lumbago and sciatica. Treatment to date has included a lumbar MRI in 2013 showing grade 1 spondylolisthesis at L4-L5, Tramadol, Soma and Meloxicam. There is no documentation of conservative therapies such as chiropractic and physical therapy being tried and failed. As of the PR2 dated 5/27/15, the injured worker reports 10/10 pain in his lower back that is radiating to the left buttock with shooting pain into the left lower limb. Objective findings include a positive straight leg raise test on the left and decreased range of motion due to pain. The treating physician requested a transforaminal epidural steroid injection at L4-L5, L5-S1 and S1 left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at L4-5, L5-S1, and S1 (left side): Upheld

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

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 injury and May 2001 and continues to be treated for low back pain radiating into the left lower extremity. When seen, pain was rated at 10/10. There was an antalgic gait without use of assistive device. There was decreased and painful lumbar spine range of motion. Straight leg raising and crossed straight leg raising were positive. Slump testing was positive. There was decreased lower extremity strength and decreased left lower extremity sensation. An MRI in 2013 is referenced as showing spondylolisthesis with moderate foraminal narrowing. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents decreased left lower extremity strength and sensation and imaging is reported as showing moderate foraminal narrowing. However, criteria also include that no more than two nerve root levels be injected using a transforaminal approach. In this case, a three level transforaminal epidural steroid injection was requested which is not considered medically necessary.