

Case Number:	CM15-0119031		
Date Assigned:	06/29/2015	Date of Injury:	01/23/2013
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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 (IW) is a 47-year-old male who sustained an industrial injury on 01/23/2013. Diagnoses include bilateral lumbosacral strains, bilateral lumbosacral radiculopathies and myofascial pain. Treatment to date has included medications, physical therapy, epidural steroid injections (ESI), ice/heat application and home exercise program. The most recent ESIs reportedly provided no benefit. According to the Initial Comprehensive Physiatry Consultation dated 5/12/15, the IW reported pain in the bilateral lumbar ligaments with some radiation down the bilateral lower extremities with intermittent numbness and tingling, worse on the left. He also complained of bilateral leg weakness but denied falls. He also reported acute muscle spasms in the bilateral lumbosacral paraspinal muscles. He noted taking Omeprazole for gastritis-type symptoms. He claimed Gabapentin, Lidocaine patches and Dendracin cream were helpful for the paresthesias in the legs. He indicated that he took Tramadol as needed. On examination, range of motion of the lumbar spine was reduced to 10% of normal. Tenderness, trigger points and muscle spasms were noted in the bilateral iliolumbar ligaments and lumbosacral paraspinal muscles. Sensation was decreased in the dorsum of the feet. Straight leg raise was positive bilaterally at 40 degrees. MRI of the lumbar spine on 3/12/13 showed mild spondylitic changes at L3-4 through L5-S1 with disc bulges, disc desiccation and facet joint arthropathy. Electro diagnostic testing on 4/1/13 was normal; testing again on 1/12/15 showed evidence consistent with left L5 radiculopathy. A request was made for right L4-L5 and S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and S1 Epidural Steroid Injection: 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 injury in January 2013 and continues to be treated for back pain with radiating symptoms into the lower extremities including left worse than right numbness and tingling. When seen, there was decreased lumbar spine range of motion with tenderness, trigger points, and muscle spasms. There was decreased lower extremity strength, sensation, and ankle reflexes. Straight leg raising was positive. An MRI of the lumbar spine in March 2013 included findings of multilevel spondylosis with left lateralization at L5-S1. Transforaminal epidural steroid injections were done in October 2013, December 2013, and May 2014. The injection in December 2013 provided two weeks of pain relief and pain was unchanged after the injection performed in May 2014. Guidelines recommend that, in the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the claimant's last two epidural steroid injections provided two weeks or less of pain relief. Additionally, criteria also include that no more than two nerve root levels be injected using a transforaminal approach and in this case a three level transforaminal epidural steroid injection is being requested. The request was not medically necessary.