

Case Number:	CM15-0120945		
Date Assigned:	07/01/2015	Date of Injury:	12/03/2014
Decision Date:	07/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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

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 57 year old male, who sustained an industrial injury on 12/3/14. Initial complaints were a trip and fall resulting in right-sided head laceration, headaches; neck, and right upper extremity pain, upper and low back and tailbone/buttock pain. The injured worker was diagnosed as having chronic low back pain; lumbar strain; lumbar degenerative disc disease (DDD). Treatment to date has included physical therapy; chiropractic therapy; medications. Diagnostic studies included a MRI lumbar spine (3/20/15); US right shoulder. Currently, the PR-2 notes dated 5/13/15 is a comprehensive pain management report. The report indicated the injured worker complains of pain in the low back which he rates on a pain scale of 7-9/10. His pain is described as constant, burning, and throbbing traveling to the bilateral legs and more on the right. The provider documents the injured worker is currently taking Tylenol #3 and a muscle relaxant for his injuries. On physical examination the provider notes diffuse tenderness over the lumbar paravertebral musculature. He has tenderness that is moderate at the facets and over the L4-S1 spinous processes. He reports pain is moderate to severe low back pain radiating to the bilateral lower extremities in the L3, L4 and L5 distributions on the left and in the L4 and L5 distributions on the right. He also has moderate to severe facet tenderness from L3 to S1 as well as right sacroiliac joint pain with three positive orthopedic tests. A MRI of the lumbar spine dated 3/20/15 was reviewed and showed at L3-L4, a 1-2mm disc bulge and narrowing of the left neural foramen. The right neural foramen was patent. Facet hypertrophic changes were noted. At L4-L5, there was a diffuse disc bulge measuring 2-3mm. There was significant facet hypertrophic changes with effacement of the lateral recess, bilaterally, greater on the left with an

osteophyte on the left L5 nerve root. The provider's treatment plan included left L3-L4 and bilateral L4-L5 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 and bilateral L4-5 transforaminal epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on clinical physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits correlating with diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Left L3-L4 and bilateral L4-5 transforaminal epidural steroid injections is not medically necessary and appropriate.