MAXIMUS Federal Services

Case Number:	CM15-0122177		
Date Assigned:	07/06/2015	Date of Injury:	12/19/2014
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/24/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 38 year old male who sustained an industrial injury on 12/19/14. Diagnoses are lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, lumbago, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, chronic pain syndrome, myalgia and myositis not otherwise specified, sleep disturbance not otherwise specified, and skin sensation disturbance. In a 5/13/15 follow up visit note dated 5/13/15, a treating physician notes complaints of lower back pain rated at 8 out of 10, characterized as burning, aching and dull. Pain radiates to the right shoulder, upper back, middle back, left and right legs, left and right ankles. He reports numbness, tingling and weakness of the lower extremities bilaterally. Motor testing is limited by pain. Power of hip flexor's is 3/5 on the right and 5/5 on the left, knee flexor is 3/5 on the right and 5/5 on the left, knee extensor is 3/5 on the right and 5/5 on the left, ankle dorsi flexor is 3/5 on the right and 5/5 on the left, and ankle plantar flexor is 4/5 on the right and 5/5 on the left. Light touch sensation is decreased over the lateral calf on the right side. He states medication is helping. Quality of sleep is poor. Gait is antalgic. A lumbar spine MRI shows disc herniation at L4-L5 and L5-S1. Lumbar spine range of motion is restricted with flexion to 20 degrees and extension to 10 degrees, limited by pain. On palpation, paravertebral muscles are tender and a tight muscle band is noted on the right side. Spinous process tenderness at L4 and L5 is noted. He cannot walk on his heel and cannot walk on toes. Straight leg raise is positive on the right. There is evidence of subjective and objective findings of radiculopathy which are consistent with diagnostic studies. Work status is noted as modified duty. Previous treatment includes epidural injection-4/7/15- with mild relief, 12

sessions physical therapy- with no relief, exercise, application of ice, Famotidine, Omeprazole, Nabumetone, Nortriptyline, Naproxen, Cyclobenzaprine, Lidopro ointment. The requested treatment is right sided transforaminal epidural steroid injection L4, L5, S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided transforaminal epidural steroid injection L4, L5, and S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. In this case, the patient's file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Right-sided transforaminal epidural steroid injection L4, L5, and S1 is not medically necessary.