

Case Number:	CM15-0124040		
Date Assigned:	07/08/2015	Date of Injury:	01/23/2009
Decision Date:	08/07/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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 66 year old male, who sustained an industrial injury on January 23, 2009. Treatment to date has included physical therapy, home exercise program, acupuncture and medications. Currently, the injured worker complains of low back pain with left radicular pain at L2-L5 dermatomes. He reports that his low back pain feels as if it is bone-against-gone and he only gets relief by lying down and with Norco. He reports worsening pain in the left sacroiliac joint with a positive Gaenslen's test, Fabere test and sacroiliac joint thrust. He has multiple lumbar disc herniations and progressive symptoms of radiculitis which is documented as correlated by MRI results. He has weakness, numbness and tingling in the left leg and reports that he has these symptoms when climbing stairs, going for long walks, performing daily activities and home exercises. He has lumbar paraspinal muscle spasms on deep palpation and severe guarding. The injured worker rates his pain level an 8 on a 10-point scale. He has severe pain on deep palpation over the lumbar processes at L2-L5 with radiation of pain into the corresponding dermatomes of the left leg. He has severe sacroiliac joint inflammation with worsening signs of radiculopathy into the postural and lateral aspects of the thigh. The injured worker ambulates with a normal gait and he is able to heel and toe walk. He has a decreased range of motion of the lumbar spine and straight leg raise tests are positive. The diagnoses associated with the request include lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis/radiculopathy of the left lower extremity, and sacroilitis of the left sacroiliac joint. The treatment plan includes left transforaminal lumbar epidural steroid injection at L3-4 and L5-S1, first left sacroiliac joint injection, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at left L3-4 and L4-5: 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, p 46.

Decision rationale: The claimant sustained a work-related injury in January 2009 and continues to be treated for radiating low back pain. Treatments have included two lumbar epidural steroid injections in 2011. An MRI of the lumbar spine in September 2012 included findings of mild to moderate multilevel foraminal and canal stenosis. Electrodiagnostic testing in December showed findings of chronic upper lumbar radiculopathy. When seen, he was in moderate distress. There was lumbar guarding and myofascial pain. There was a mild limp. Left sacroiliac joint tests were positive. Straight leg raising was positive bilaterally. There was a normal lower extremity neurological examination. In the therapeutic phase guidelines recommend that 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, there was no neurological deficit that would corroborate a diagnosis of radiculopathy. The degree and duration of any pain relief following the previous two injections or the technique used is not documented. The requested repeat lumbar epidural steroid injection was not medically necessary.