

Case Number:	CM15-0124242		
Date Assigned:	07/08/2015	Date of Injury:	11/05/2012
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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 28-year-old male who sustained an industrial injury on 11/05/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having lumbar spine sprain/strain, and paresthesias, right lower extremity. Later diagnoses include lumbar spondylosis and lumbar facet syndrome. Treatment to date has included physical therapy and acupuncture. The worker has completed six physical therapy treatments for a 25% improvement in condition, and eight acupuncture treatments completed were not helpful. A right L5-S1 epidural steroid injection under fluoroscopy (05/16/2013 improved the lower extremity symptoms, and a right L5-S1 medial branch nerve block under fluoroscopy (08/27/2013) was not beneficial. Currently, the injured worker complains of increased low back pain and pain in the right lower extremity over the last six weeks. There have been no new injuries and no change in activity. Medications include Norco which is taken infrequently for severe pain. There is a family history of addiction and the worker is concerned about narcotic medication usage. After taking Norco for moderate -to -severe pain, his pain is rated a 6/10. Without medication, he rates his pain at a 9-10/10. He is participating in physical therapy and a light stretching program. He notes 30-40% improvement in pain with his current medication regimen, and notes approximately 40% improvement in function, increasing his ability to perform activities of daily living. On examination the worker has a slightly antalgic gait. He is not using assistance to walk. On exam of the lumbar spine, the worker has bilateral paraspinal tenderness from L4-S1 with 2+ muscle spasms bilaterally and a positive twitch response. His lumbar spine range of motion is slightly decreased. On exam of the lower extremities, he has negative straight leg raise on the left, is nontender over the sacroiliac joint region, and has decreased sensory to light touch in the right L5 dermatome and to a lesser degree at the right S1 and L4 dermatomes. neuroforaminal stenosis at L4-L5 right greater than left and moderate to severe bilateral L5-S1. A request for authorization is made for a

Right L4-L5 & L5-S1 Transforaminal epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 & L5-S1 Transforaminal epidural steroid injection under fluoroscopy:

Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for low back pain with right lower extremity radicular symptoms. An L5-S1 transforaminal epidural injection in May 2013 is reported to have provided benefit lasting up to six weeks. When seen, he was having increased symptoms. There had been 25% improvement with physical therapy and no improvement with acupuncture. Pain was rated at 6/10 with medication. Physical examination findings included appearing in mild to moderate discomfort. There was an antalgic gait. There was decreased lumbar spine range of motion with muscle spasms and trigger points. There was a positive right straight leg raise with decreased right lower extremity strength and sensation and decreased right lower extremity reflexes. Imaging results were reviewed with an MRI scan including findings of multilevel spondylosis with foraminal stenosis and right lateralization at L4-5. Authorization for a two level transforaminal epidural injection was requested. 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 had a reported 6-week improvement after the single level transforaminal epidural steroid injection that was done on May 2013. A different technique using a two level transforaminal epidural steroid injection is being requested with physical examination and imaging findings that support the presence of radiculopathy and the procedure being requested. The injection is considered medically necessary.