MAXIMUS Federal Services

Case Number:	CM15-0170263		
Date Assigned:	09/11/2015	Date of Injury:	06/28/2011
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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 33 years old female, who sustained an industrial injury on 6-28-2011. The injured worker was diagnosed as having lumbar radiculopathy, lumbago, and periformis syndrome. The request for authorization is for: right L4-L5, L5-S1 transforaminal ESI (epidural steroid injection) under fluoroscopic guidance. The UR dated 8-7-2015: non-certified right L4-L5, L5-S1 transforaminal ESI under fluoroscopic guidance. On 6-25-2015, she reported low back pain with radiation into the right leg, and compensatory injury of the neck, upper back and right shoulder. She is noted to have abnormal gait. Physical examination revealed tenderness in the lumbar spine, multiple myofascial trigger points, and a positive straight leg raise test on the right, as well as, tenderness in the piriformis muscle on the right. On 7-1-2015, she is noted to have a positive urine drug screen for meth, which she denied. She reported that Tramadol is the only medication that works for her. She reported persistent low back and right leg pains in the L5 dermatome with right leg paresthesia's down to the foot. She indicated pain is better with rest, medications, heat, ice, and elevating feet and stretching. The pain is worsened with prolonged activities such as standing. She rated her pain 7 out of 10. Physical examination revealed tenderness at L4 and L5, multiple myofascial trigger points, internal rotation of the femur elicited pain in the buttocks, positive straight leg raise testing on the right, negative Faber, and tenderness of the right piriformis muscle, hyperesthesia from the back to the lateral side of the right foot. She is on modified duty. The treatment and diagnostic testing to date has included: current medications of: Norco, Cymbalta, Gralise, Terocin patch, Zipsor, zorvolex, ibuprofen, Lisinopril hydrochlorothiazide, and diazepam; urine drug screen (7-1-2015), x-ray or magnetic

resonance imaging of the lumbar back (date not indicated), physical therapy (at least 12 sessions completed), pain counseling, trigger point injection, acupuncture, and chiropractic treatment.

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 ESI under fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in June 2011 and is being treated for low back pain with right lower extremity radiating symptoms. When seen, she was having low back and right leg pain in an L5 distribution. Pain was rated at 7/10. Physical examination findings included spinous process tenderness and multiple trigger points. There was pain with hip rotation. There was right piriformis muscle tenderness. Right straight leg raising was positive. There was decreased right lower extremity strength and right lateral foot hyperesthesia. Her BMI was over 41. An MRI of the lumbar spine is referenced as showing significant findings of disc disease and an L4-5 disc protrusion. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right lower extremity strength and sensation with positive straight leg raising and imaging is reported as showing findings of an L4-5 disc protrusion. However, the imaging report was not provided and whether the imaging findings correlate with her right sided symptoms and physical examination findings is not established. The requested epidural injection cannot be accepted as being medically necessary.