

Case Number:	CM15-0171884		
Date Assigned:	09/14/2015	Date of Injury:	04/21/2010
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/01/2015

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 55 year old female, who sustained an industrial injury on 4-21-2010, due to a slip and fall. The injured worker was diagnosed as having other disorders of coccyx, myospasm, lumbosacral neuritis, not otherwise specified, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included diagnostics, acupuncture, massage, physical therapy, transcutaneous electrical nerve stimulation unit, trigger point injections. Currently (8-04-2015), the injured worker complains of low back pain with radiation into her posterior legs. Pain was not rated. Her work status was permanent and stationary. Social habit documentation noted that she "does not exercise". Physical exam of the lumbar spine noted tenderness to palpation over the left and right lumbar facets, left and right thoracolumbar spasm, and coccyx. Straight leg raise was negative in the seated position. Gait was antalgic and muscle tone was without atrophy or abnormal movements. Range of motion of the lumbar spine noted flexion 90 degrees, extension 20, and lateral flexion 25. Pain with extension and forward flexion was noted. Exam of the lower extremities noted swelling in the right knee, sensation "grossly intact", and motor strength was 5 of 5. Medications included Ativan, Soma, Seroquel, Lamictal, Lithium, Trazadone, and Vicodin. Magnetic resonance imaging of the lumbar spine (8-2015) noted trace dextroconvex scoliosis of the upper lumbar spine, L5-S1 neural foraminal stenosis bilaterally from facet hypertrophy, L4-5 bilateral neural foraminal stenosis, and L3-4 minor neural foraminal narrowing. The treatment plan included bilateral S1 nerve root block, transforaminal epidural, non-certified by Utilization Review on 8-11-2015. The rationale for the requested treatment was "secondary to findings on magnetic

resonance imaging and pain radiating down from her low back into the posterior legs S1 distribution".

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 lumbar nerve root block, transforaminal epidural: Upheld

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 April 2010 when she slipped and fell on carpeting placed over a linoleum floor. When seen, she was having radiating back pain. Physical examination findings included an antalgic gait. There was decreased and painful range of motion with lumbar facet tenderness and bilateral thoracolumbar muscle spasms. Straight leg raising was negative. There was normal strength with symmetrical reflexes. Sensation testing was not documented. An MRI of the lumbar spine on 06/15/15 included findings of multilevel disc dessication without loss of disc height with multilevel disc bulging with mild to moderate multilevel foraminal stenosis. 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, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The requested epidural steroid injection was not medically necessary.