

Case Number:	CM15-0174141		
Date Assigned:	09/16/2015	Date of Injury:	03/28/2013
Decision Date:	10/16/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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 54 year old male, who sustained an industrial injury on 03-28-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain with radicular symptoms. Medical records (02-26-2015 to 07-27-2015) indicate ongoing low back pain described as stiffness, stabbing, weakness and numbness with radiation to the leg, and with a pain severity rating of 5 out of 10. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW was released to modified duty. The physical exams, dated 06-15-2015 and 07-27-2015, revealed continued low back pain with pain down the legs, and continued tenderness in the lumbar spine with restricted range of motion. There was some reported feeling of all over weakness and problems with concentration with the use of Topamax. A PR note which was hand written and difficult to decipher, dated 08-10-2015, did state a pain level of 5 out of 10, positive straight leg raise, positive "Fabere" maneuver on the left, and "hypes left posterior calf (S)". Relevant treatments have included an unknown amount of physical therapy (PT) and acupuncture, work restrictions, and pain medications. The treating physician indicates that electromyography of the lower extremities (2014) showing no evidence of radiculopathy or peripheral nerve entrapment. The request for authorization (08-10-2015) shows that the following services were requested: L4-5 epidural steroid injection, and a L5-S1 epidural steroid injection. The original utilization review (08-20-2015) denied the request for one L4-5 epidural steroid injection, and one L5-S1 epidural steroid injection based on the lack of details regarding the IW's radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 epidural steroid injection #1: 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 March 2013 and is being treated for low back pain with lower extremity radicular symptoms. Electrodiagnostic testing in April 2014 and an MRI in June 2013 showed findings of an annular tear with multilevel disc bulging, mild to moderate facet hypertrophy, and right sided foraminal narrowing which was slight to mild. When seen, there was positive left straight leg raising and Fabere testing. There was left posterior calf hypesthesia over an S1 distribution. There was a diagnosis of left sided lumbar radiculopathy and an epidural steroid injection was requested. 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 left lower extremity sensation with positive straight leg raising. This does not correlate with the claimant's MRI findings of mild right sided foraminal narrowing and electrodiagnostic testing was negative. The epidural steroid injection being requested is not medically necessary.

L5-S1 epidural steroid injection #1: 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 March 2013 and is being treated for low back pain with lower extremity radicular symptoms. Electrodiagnostic testing in April 2014 and an MRI in June 2013 showed findings of an annular tear with multilevel disc bulging, mild to moderate facet hypertrophy, and right sided foraminal narrowing which was slight to mild. When seen, there was positive left straight leg raising and Fabere testing. There was left posterior calf hypesthesia over an S1 distribution. There was a diagnosis of left sided lumbar radiculopathy and an epidural steroid injection was requested. 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 left lower extremity sensation with positive straight leg raising. This does not correlate with the claimant's MRI findings of mild right sided foraminal narrowing and electrodiagnostic testing was negative. The epidural steroid injection being requested is not medically necessary.

