

Case Number:	CM15-0175400		
Date Assigned:	09/16/2015	Date of Injury:	03/05/2012
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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 58 year old male with an industrial injury dated 03-05-2012. A review of the medical records indicates that the injured worker is undergoing treatment for right S1 radiculopathy, L4-L5 disc protrusion, measuring 2-3 millimeter, L3-4 disc protrusion, measuring 1-2 millimeter, lumbar degenerative disc disease and lumbar facet joint arthropathy. Medical records (02-18-2015 to 7-23-2015) indicate ongoing bilateral low back pain with radiation to right buttock and right posterior thigh. The injured worker reported aggravated right low back pain with right lower extremity radicular symptoms. Pain level visual analog scale (VAS) was not provided in report. Objective findings (2-28-2015 to 7-23-2015) revealed restricted lumbar range of motion due to pain in all directions; lumbar flexion was worse than lumbar extension, and positive lumbar discogenic provocative maneuvers on the right. Patrick's maneuver, Yeoman's, straight leg raises were all positive on the right. Decreased sensation to the right posterior thigh and decreased balance with toe and tandem walking were also noted on (07-23-2015) exam. The remainder of the exam was unchanged from the previous visit. Treatment to date has included diagnostic studies, prescribed medications, activity modifications and periodic follow up visits. Radiographic imaging report was not submitted for review. The treatment plan included lumbar injection, medication management, urine drug screen and follow up visit. The injured worker's work status is permanently partial disability. Request for authorization dated 08-04-2015, included requests for fluoroscopically guided right L5-S1 transforaminal epidural steroid injection with right S1 selective nerve root block and follow up visit post injection. The utilization review dated 08-18-2015, non-certified the request for fluoroscopically guided right

L5-S1 transforaminal epidural steroid injection with right S1 selective nerve root block and follow up visit post injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit post injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for low back pain with right lower extremity radicular symptoms. An MRI scan of the lumbar spine in March 2012 is referenced as showing disc protrusions at L3/4 and L4/5. In February 2015 a new MRI scan was being requested. Conservative treatments had included medications and physical therapy. When seen, he was having aggravation of his right low back pain and right lower extremity radicular symptoms. Physical examination findings a body mass index over 35. There was decreased and painful lumbar spine range of motion. There was positive right straight leg raising with decreased right lower extremity strength and sensation. Authorization for a two level transforaminal epidural injection and follow-up two weeks afterwards is being requested. Office visits are recommended as determined to be medically necessary. In this case, since the epidural steroid injection is not considered medically necessary, a post-injection follow-up visit to assess for efficacy is also not medically necessary.

Fluoroscopically guided right L5-S1 transforaminal epidural steroid injection with right S1 selective nerve root block: 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 2012 and continues to be treated for low back pain with right lower extremity radicular symptoms. An MRI scan of the lumbar spine in March 2012 is referenced as showing disc protrusions at L3/4 and L4/5. In February 2015 a new MRI scan was being requested. Conservative treatments had included medications and physical therapy. When seen, he was having aggravation of his right low back pain and right lower extremity radicular symptoms. Physical examination findings a body mass index over 35. There was decreased and painful lumbar spine range of motion. There was positive right straight leg raising with decreased right lower extremity strength and sensation.

Authorization for a two level transforaminal epidural injection and follow-up two weeks afterwards is being 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 lower extremity strength and sensation with positive straight leg raising. However, the MRI from 2012 is not described in enough detail. Right lateralized findings that would corroborate a diagnosis of right lower extremity radiculopathy are not described. For this reason, the requested epidural steroid injection cannot be accepted as being medically necessary.