

Case Number:	CM15-0175823		
Date Assigned:	09/23/2015	Date of Injury:	08/14/2012
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This 37 year old female sustained an industrial injury on 6-14-12. Documentation indicated that the injured worker was receiving treatment for lumbar stenosis, lumbar spondylosis and lumbar facet arthropathy. Previous treatment included medications. In the only documentation submitted for review, a progress note date 6-5-15, the injured worker complained of constant, non-radiating pain (location not documented), rated 4 to 6 out of 10 on the visual analog scale. The pain increased with standing, walking and twisting and decreased with medications and rest. Physical exam was remarkable for tenderness to palpation to the lumbar paraspinal area with spasms, positive left straight leg raise, positive left "radicular signs", and "decreased" range of motion in all planes. The injured worker had been evaluated by a spine surgeon who recommended facet injections that the injured worker deferred. The treatment plan included left fluoroscopic guided L5-S1 epidural steroid injections for intermittent radiculopathy to the left buttock and thigh and a prescription for Amitiza and Duexis. On 8-28-15, Utilization Review noncertified a request for left L5-S1 transforaminal epidural steroid injections under fluoroscopic guidance as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L5-S1 (low back) Transforaminal Epidural Steroid Injection under fluoroscopic guidance as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

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 2012 and is being treated for left arm and low back pain. When seen, she was having constant pain, which was not radiating. Prior treatments had included medications. Physical examination findings included decreased lumbar range of motion with tenderness and muscle spasms and positive left straight leg raising. There were left lumbar radicular signs but no actual neurologic examination or neurological deficit is documented. Authorization for a left L5/S1 transforaminal epidural steroid injection 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, 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. There are no radicular complaints of pain and no imaging or electrodiagnostic results are referenced or reported. The requested epidural steroid injection is not medically necessary.