

Case Number:	CM15-0176772		
Date Assigned:	09/28/2015	Date of Injury:	12/16/2013
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
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:

The injured worker is a 51-year-old female who sustained an industrial injury on December 6, 2013. The last MRI noted was performed 12-15-2014, and diagnoses have included lumbosacral radiculitis, myofascial pain syndrome, and lumbosacral facet arthropathy. Documented treatment includes diagnostic lumbar medial branch block with reported 50 percent pain relief and increase of range of motion lasting up to four hours, home exercise, and oral and topical medication which the injured worker is noted to report as "working well." On 8-26-2015 the injured worker reported right hip pain and increased, constant low back pain radiating down the right leg to the foot rated at 7 out of 10. The 3-31-2015 visit noted pain radiating to both buttocks and to the back of both thighs. The pain was characterized by the injured worker as being sharp, throbbing, and aggravated with activity and movement. She reports that it interferes with sleep, concentration, performing household chores, social interaction, and recreation; however, she states she is still able to perform personal care "slow and careful." Objective observation by the physician revealed loss of normal lordosis, tenderness and trigger points on both sides, spinous process tenderness at L4 and L5, and positive lumbar facet loading bilaterally at L4-S1. Straight leg raising was positive on the right at 45 degrees while she was sitting, and range of motion was noted to be limited by pain including flexion to 40 degrees and extension at 10 degrees. The treating physician's plan of care includes lumbar transforaminal epidural steroid injection on the right side L4, L5, and S1. 8-26-2015 states she can work with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection right side L4, L5, S1: 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 December 2013 and continues to be treated for radiating low back pain occurring after lifting a patient. When seen, she was having increasing low back pain with right lower extremity radiating symptoms. Physical examination findings included a body mass index over 33. There was decreased and painful lumbar spine range of motion. There were lumbar trigger points and spinous process tenderness was present. Lumbar facet loading was positive and there was facet joint tenderness. Lower extremity strength, sensation, and reflexes were normal. Right-sided straight leg raising was positive. From December 2014 is referenced as showing a right lateralized L4/5 disc extrusion and a disc at L5/S1 with multilevel right-sided neural impingement. Authorization was requested for a three level transforaminal epidural injection. 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 support a diagnosis of radiculopathy. A three level injection is being requested and guidelines recommend up to two levels when using a transforaminal approach. For these reasons, the requested epidural steroid injection procedure is not considered medically necessary.