

Case Number:	CM15-0176974		
Date Assigned:	09/17/2015	Date of Injury:	05/18/2015
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
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 is a 35-year-old male with a date of injury on 5-18-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculitis and right rotator cuff syndrome. According to the progress report dated 7-24-2015, the injured worker complained of pain in the lower back with radiation to both arms and left leg. He rated his pain as four out of ten. He rated his worst pain as nine out of ten. He rated his average pain in the last seven days as two out of ten. He described the pain as shooting with pins and needles sensation. He reported that his symptoms had been improving since the injury. Per the treating physician (7-24-2015), the employee was temporarily disabled, as his employer was unable to accommodate restrictions. The physical exam (7-24-2015) revealed tenderness to palpation over the bilateral lumbar paraspinal muscles. Sitting straight leg raise was positive on the right. There was diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Treatment has included at least six sessions of physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, work restrictions and medications. Current medications (7-24-2015) included Norco, Cyclobenzaprine and Ibuprofen. It was noted that magnetic resonance imaging (MRI) of the lumbar spine from 7-20-2015 showed a 3-4mm central disc extrusion. The request for authorization dated (8-18-2015) included lumbar epidural steroid injection. The original Utilization Review (UR) (8-24-2015) denied a request for interlaminar lumbar epidural steroid injection at L5-S1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar lumbar epidural steroid injection at L5-S1 under fluoroscopy qty: 1.00:

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 May 2015 occurring while picking up empty kegs and is being treated for radiating low back pain. As of 07/15/15, there had been completion of six physical therapy treatment sessions with slow progress. When seen, he was having pain radiating into the arms and into the left leg. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle tenderness. Right-sided straight leg raising was positive. There was decreased right lower extremity sensation. An MRI of the lumbar spine on 07/20/15 included findings of multilevel degenerative disc disease with an L5/S1 posterior disc protrusion impinging the S1 nerve roots. Authorization is being requested for an 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 electro diagnostic testing. In this case, the claimant is having left lower extremity radicular symptoms without right sided radicular complaints. However, he has physical examination findings of right sided radiculopathy and no recorded physical examination findings of left sided radiculopathy. His symptoms are not supported by findings of radiculopathy on the symptomatic side. The requested epidural steroid injection cannot be accepted as being medically necessary.