MAXIMUS Federal Services

Case Number:	CM15-0177073		
Date Assigned:	09/17/2015	Date of Injury:	12/05/2014
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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 29 year old female, who sustained an industrial injury on December 5, 2014. The injured worker was being treated for lumbar disc herniation and lumbar degenerative disc disease. Medical records (April 13, 2015 to June 29, 2015) indicate ongoing lower back pain with resolution of numbness and tingling down the leg. The medical records (April 13, 2015 to June 29, 2015) show the subjective pain rating shows improvement from 6-8 out of 10 to 3 out of 10. The physical exam (9/9/2015) reveals mild tenderness in the lower lumbar paraspinal region, minimal spasm, and improved lumbar range of motion with pain at end ranges. On April 23, 2015, an MRI of the lumbar spine revealed mild left L4-5 (lumbar 4-5) paracentral disc bulge causing left lateral recess narrowing with encroachment of the descending left L5 (lumbar 5) nerve root. Treatment has included physical therapy, chiropractic therapy, a home exercise program, activity modifications, and medications including topical pain, oral pain, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (June 26, 2015 report), the employee has not returned to work. The requested treatments included a left L4-5 Transforaminal epidural steroid injection. On August 25, 2015, the original utilization review non-certified a request for a left L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Transforaminal Epidural Steroid Injection: 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 2014 and is being treated for low back pain. An MRI of the lumbar spine on 04/23/15 included findings of left lateralized disc bulging at L4/5 affecting the L5 nerve root. The claimant was seen for an initial evaluation on 08/14/15 and was having low back pain with left lower extremity radiating pain. Pain was rated at 3/10. Prior treatments had included medications, physical therapy, and chiropractic care. She had failed to return to work with restrictions. Physical examination findings included decreased right side bending. There was a normal neurological examination. Straight leg raising was negative. A lumbar transforaminal 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, 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. The requested epidural steroid injection is not considered medically necessary.