

Case Number:	CM15-0177722		
Date Assigned:	09/18/2015	Date of Injury:	05/20/2015
Decision Date:	10/21/2015	UR Denial Date:	09/09/2015
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 27 year old male who sustained an industrial injury on 5-20-15. A review of the medical records indicates he is undergoing treatment for bilateral L5 radiculopathy with lower extremity weakness, L4-L5 disc herniation, measuring 5 millimeters, L4-L5 central stenosis, L5-S1 disc herniation, and lumbar facet joint arthropathy. Medical records (6-3-15 to 8-31-15) indicate complaints of ongoing lower back pain. He rated the pain 7 out of 10 on 6-3-15 and 4 out of 10 on 6-17-15. No pain rating is noted in the most recent progress note. The injured worker reports that his back pain is bilateral and radiates to the left thigh and left lateral calf. The treating provider indicates that the bilateral lower extremity weakness is a "change in condition", as he did not have the weakness on the June 2015 visit. The injured worker also complains of left knee pain, which was noted "since the date of injury". The physical exam (8-31-15) reveals tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L1-S1 facet joints and left knee. The left knee range of motion was noted to be "decreased in all directions", as was the lumbar range of motion. Diagnostic studies have included x-rays of the thoracic and lumbar spine, as well as an MRI of the lumbar spine. Treatment has included use of ice, a TENS unit, modified work restrictions, chiropractic treatments, and medications. The treatment recommendation on 8-31-15 was for a fluoroscopically-guided bilateral L4-L5 transforaminal epidural steroid injection to treat bilateral low back pain and bilateral lower extremity radicular symptoms. The treating provider states that the injured worker "failed physical therapy, NSAIDs, and conservative treatments". He was also provided with prescriptions for Norco, Ibuprofen, and a Medrol dose pack. The utilization review (9-9-15) indicates denial of the requested L4-L5 transforaminal epidural

steroid injection due to the lack of improvement since a first injection was given. It states "As per guidelines, subsequent injections should only be performed if the initial injection garnered significant symptomatic relief."

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient fluoroscopically guided bilateral L4-L5 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 May 2015 and is being treated for low back pain with radiating symptoms. When seen, he was having low back pain radiating to the left thigh and left lateral calf. He was having persistent left knee pain. Physical examination findings included decreased lumbar spine range of motion with pain. There was lumbar paraspinal muscle and facet joint tenderness and there was left knee tenderness with decreased range of motion. Sacroiliac joint testing was positive bilaterally. There was decreased lower extremity strength and sensation. Authorization was requested for bilateral L4/5 transforaminal epidural steroid injections. A prior request for an epidural steroid injection had been requested but had been denied. An MRI of the lumbar spine is referenced as showing an L4/5 disc herniation with spinal stenosis. 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 and the claimant is having left sided radicular symptoms. A left sided epidural steroid injection is medically necessary. However, a bilateral procedure is being requested which is not supported by the claimant's complaints as he is not having right sided radicular pain as defined above. For this reason, the request that was submitted is not considered medically necessary.