

Case Number:	CM15-0178103		
Date Assigned:	09/18/2015	Date of Injury:	07/06/2009
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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 48-year-old male who sustained an industrial injury on 07-06-2009. Current diagnoses include cervical radiculitis, lumbar facet arthropathy, and status post fusion-lumbar spine. Report dated 08-03-2015 noted that the injured worker presented with complaints that included low back pain with radiation down the bilateral lower extremities and bilateral feet with associated numbness, bilateral knee pain, insomnia related to pain, and erectile issues. Pain level was 7 (with medications) and 10 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-03-2015 revealed spasms in the paraspinal musculature, tenderness to palpation, decreased lumbar range of motion limited secondary to pain, decreased sensation, positive facet signs, decreased strength, and positive straight leg raise bilaterally. Previous diagnostic studies include a lumbar spine MRI and CT of the lumbar spine. Previous treatments included medications, surgical intervention, and therapy. The treatment plan included request for a lumbar epidural transforaminal steroid injection, return in one month, please assist with scheduling neurologist, and renewed medications. The utilization review dated 08-14-2015, non-certified the request for 1 epidural transforaminal steroid injection with fluoroscopy of the left L4-5, L5-S1 lumbar area as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural Transforaminal Steroid Injection with fluoroscopy of left L4-5, L5-S1 lumbar area: 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 July 2009 with treatments including a lumbar fusion. When seen, he was having low back pain with bilateral lower extremity radiating symptoms. Pain was rated at 7-10/10. Physical examination findings included a slow gait with use of a cane. There was decreased and painful lumbar spine range of motion with paraspinal tenderness. Facet testing was positive. There was decreased bilateral lower extremity strength in a myotomal pattern and decreased bilateral lower extremity sensation. Straight leg raising was positive bilaterally. An MRI of the lumbar spine in June 2012 is referenced as showing postoperative findings with suboptimal visualization due to metallic artifact. A subsequent CT scan of the lumbar spine in October 2012 included findings of multilevel broad-based disc protrusions without canal stenosis. Authorization is being requested for left-sided transforaminal epidural injections. 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 bilateral lower extremity strength and sensation with positive straight leg raising and the claimant is having bilateral symptoms. However, there is no rationale as to why left sided injections are specifically being requested. Additionally, post-operative imaging does not corroborate a diagnosis of radiculopathy. For these reasons, the request cannot be accepted as being medically necessary.