

Case Number:	CM15-0178300		
Date Assigned:	09/18/2015	Date of Injury:	01/28/2013
Decision Date:	10/22/2015	UR Denial Date:	09/04/2015
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 58-year-old female who sustained an industrial injury on January 28, 2013. Diagnoses have included lumbalgia, foraminal stenosis on the right side at L4-5; foraminal disc at L5-S1; and, facet arthritis. Documented treatment includes at least six sessions of acupuncture reducing pain from 6-7 out of 10 to 5 out of 10, enabling her to reduce her need for pain medication and do water exercise. Medication includes Oxycodone and Ibuprofen. The injured worker reported August 17, 2015 that her back pain has begun to "flare up" and she is experiencing reduced sensation in her legs. Exam revealed that she has tenderness of the lumbar spine paraspinal muscles upon palpation, and that her reflexes on the lower extremities were 2 plus. Her strength was 5 out of 5. There was also noted a slight decrease in sensation over her left lateral leg on the right compared to the left. Straight leg raises were negative. The treating physician's plan of care includes a request on August 17, 2015 for a right L5-S1 transforaminal epidural steroid injection which was denied on September 4, 2015. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 January 2013 and is being treated for back pain. On 08/11/15 she was having mostly mid thoracic back pain followed by low back pain and occasional migraines. She was not having radiating pain and her symptoms were unchanged from her previous visits. When seen on 08/17/15, she was having a bad flare-up of symptoms. She was now having radiating neck and low back pain. Physical examination findings included slightly decreased right lower extremity sensation. An MRI of the lumbar spine in March 2013 is referenced as showing multilevel disc herniations with left lateralization at L4/5 and right lateralization at L5/S1. A lumbar epidural steroid injection is being requested. Criteria for consideration of a cervical epidural steroid injection 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 and symptoms initially unresponsive to conservative treatment. In this case, the claimant was having a flare-up of pain with radicular symptoms for less than one week. When this request was made, an epidural steroid injection is not medically necessary.