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| Case Number: | CM15-0179605 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 01/05/2015 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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 41 year old female who sustained an industrial injury on 1-5-15. She had complaints of neck pain, upper, mid and low back pain. Treatments include: medication, physical therapy, chiropractic care, acupuncture and injections. Progress report dated 7-31-15 reports worsening sharp, dull aching pain that radiates to the right leg. The pain is rated 6-7 out of 10. The pain is worsened with standing and alleviated by rest and sitting. She reports limitations with driving, sleeping, cleaning the house, playing with children and lifting 20 pounds. She has complaints of headaches, weakness and numbness. Objective findings: Cervical spine tender with six trigger points noted and range of motion is limited by pain. The thoracic spine is tender to palpation over the thoracic paraspinals and range of motion is limited by pain. The lumbosacral spine is tender over the lower back and range of motion is limited by pain. Lower extremity sensory exam shows diminished sensation in the L4-5 region. Diagnoses include: cervical, thoracic and lumbar strain, bilateral L4-5 lumbar radiculopathy and trigger points in the cervical spine. Plan of care includes: proceed with procedure of trigger point and ligament injections of the cervical spine today, request epidural at the bilateral L4-L5 level of the lumbar spine, refer for spine surgery consultation and treatment, continue home exercise program and medications, refill lidoderm patches. Work status: modified duty limited lifting, pushing and pulling of no more than 10 pounds of force and sit and stand as tolerated. Follow up in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (ESIs) at bilateral L4-L5: Overturned

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 January 2015 and is being treated for low back pain with right lower extremity radicular symptoms occurring while performing repetitive lifting. An MRI of the lumbar spine in February 2015 included findings of multilevel disc dessication with bulging with right lateralized findings at L4/5 and left lateralized findings that L5/S1. When seen, she was having worsening pain with radiating lower extremity symptoms. Pain was rated at 6-7/10. Physical examination findings included decreased and painful lumbar spine range of motion there was lumbar paraspinal tenderness. There was decreased L4-L5 sensation with positive straight leg raising bilaterally. Authorization for a lumbar epidural 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, the claimant's provider documents decreased lower extremity and sensation with positive straight leg raising and imaging is reported as showing findings that corroborate a diagnosis of radiculopathy. Conservative treatments have been provided. The requested epidural steroid injection was medically necessary.