

Case Number:	CM15-0068862		
Date Assigned:	04/16/2015	Date of Injury:	08/22/2001
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 67-year-old male who sustained an industrial injury on 8/22/01 when he was assisting with a casket when he injured his lumbar spine. He underwent medical treatment including MRI of the lumbar spine. He currently complains of pain in the low back and down both lower extremities with numbness and tingling. His range of motion in the low back is decreased making it difficult to get up from a sitting position. In 2013, he was using Aleve. Diagnoses include status post lumbar discectomy done 15 years ago; multi-level spondylosis and spinal stenosis; bilateral lower extremity neurogenic claudication; thoracic degenerative disc disease and symptoms of radicular pain bilaterally; cervical spondylosis and degenerative disc disease. Treatments to date include physical therapy, approximately 6-8 lumbar epidural steroid injections, acupuncture which was not beneficial and medications. In the progress note dated 2/24/15 the treating provider's plan of care notes worsening symptoms and requests bilateral transforaminal epidural steroid injection L5-S1. The low back pain was radiating to the lower extremities. There was objective findings of lumbar sacral muscle spasm and decreased sensation over the posteriolateral thigh. The straight leg-raising test was negative. The lower extremities reflexes were noted to be normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records did not show subjective, objective or radiological findings consistent with lumbar radiculopathy. The straight leg raising tests and lower extremities reflexes was noted to be normal. The records noted that the radiculopathy was at thoracic T8-T9 level. The criteria for bilateral L5-S1 transforaminal lumbar epidural steroid injection was not met.