

Case Number:	CM15-0092087		
Date Assigned:	05/18/2015	Date of Injury:	11/03/2008
Decision Date:	06/17/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: California

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 57 year old male, who sustained an industrial injury on 11/03/08. He reported initial complaints of back pain and rib cage pain. The injured worker was diagnosed as having chronic lumbar axial pain; bilateral lumbar radiculitis; Grade I spondylolisthesis L5-S1; bilateral foraminal protrusions/moderate to severe bilateral foraminal stenosis. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics included MRI thoracic spine (11/5/11); x-ray lumbar spine (11/21/11); MRI lumbar spine (8/4/14). Currently, the PR-2 notes dated 4/1/15 indicated the injured worker complains of bilateral low back pain with right lower limb pain. He reports his symptoms started acutely while pulling a hand truck filled with packages while working. Since that time, he has had continued constant, dull, throbbing pain across the lumbosacral junction with intermittent referring pain in to the right gluteal region, posterolateral thigh, posterolateral calf with associated numbness and tingling into the right heel. Prolonged sitting, any bending, twisting activities will provoke these symptoms. He has had previous treatment with a trigger point injection in the upper lumbar paraspinals which did not give him any added benefit. He takes occasional Tramadol, Aleve, and uses lidocaine patches for symptomatic relief. He has had physical therapy early on in his treatment with continued symptoms of low back and right lower limb pain. A recent lumbar spine MRI dated 8/4/14 impression states: "1) L5-S1, moderate to severe bilateral foraminal stenosis with abutment of exiting L5 nerve roots bilaterally. Correlate clinically for L5 radiculopathy. Grade I spondylolisthesis with bilateral pars defect. 2) L4-L5, mild bilateral foraminal stenosis and narrowing of the left lateral recess." The provider is requesting: Bilateral L5-S1 Transforaminal

Epidural Steroid Injection. A progress report dated October 16, 2014 indicates that there is mildly positive straight leg raise with numbness burning and tingling in the L4-5 and S1 distribution.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Bilateral L5-S1 Transforaminal Epidural Steroid Injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. As such, the currently requested Bilateral L5-S1 Transforaminal Epidural Steroid Injections are medically necessary.