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| Case Number: | CM13-0036754 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 01/13/2003 |
| Decision Date: | 02/10/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old male injured worker with date of injury 1/13/03 has related back pain radiating from low back down left leg, right knee pain, and continued elevated neuropathic pain that travels down his right leg. He is status post left-sided L4-S1 decompression 5/15/13. He has been diagnosed with post lumbar laminectomy syndrome, lumbar radiculopathy, spinal/lumbar degenerative disc disease, knee pain, pain in joint lower leg, foot pain, and sacroiliac pain. An MRI of the lumbar spine dated 8/7/13 revealed a small central protrusion at L4-L5 with underlying high intensity zone with no extrusion and no neural compression, mild bilateral facet arthropathy, slight anterolisthesis, minimal bilateral foraminal stenosis, and edema of the left paraspinous musculature at L5-S1. The straight leg raising test is positive on the left side. The injured worker is currently treated with Zanaflex for muscle spasm, Gabapentin for neuropathic pain, Lortab for pain, and Soma for muscle spasm. He was participating in physical therapy but stopped due to increased pain with PT. In 11/2013 the injured worker was denied a caudal epidural with catheter. The date of UR decision was 9/25/13. The latest document available for review was dated 11/6/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided transforaminal L5-S1 epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The injured worker has documented evidence of radiculopathy with a decrease in lower extremity reflexes. Per 11/6/13 progress report, straight leg raise test was positive on the left side, lower extremity reflexes were decreased, 1/4 ankle jerk bilaterally, 2/4 patellar jerk on the right and 1/4 on the left. Though his medication regimen is helpful to decrease his pain and increase his functional status, he remains at pain level 7/10 and notes that the pain interferes with his walking and activity level. He was attending physical therapy but was discharged 9/12/13 after 4 of 12 sessions due to an increase in pain with the therapy. The submitted documentation supports a diagnosis of radiculopathy and that the inadequate response from medication and physical therapy constitute a failure of conservative treatment. The request is medically necessary.