

Case Number:	CM14-0015469		
Date Assigned:	02/28/2014	Date of Injury:	10/17/2008
Decision Date:	10/01/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/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 claimant has a history of a work injury occurring on 10/17/08 when he was placing crates into a truck and felt a pop and pain in the low back. He underwent lumbar decompression surgery bilaterally at L5-S1 and on the right side at L4-5 on 06/06/10. Prior treatments included physical therapy, acupuncture, and an epidural injection. He had undergone two epidural injections with benefit from the first and without reported benefit from the second. He was seen on 05/08/13. Prior treatments had included epidural injections which had helped. Physical examination findings included severely decreased lumbar spine range of motion with paraspinal muscle tenderness. There was decreased lower extremity strength and sensation with positive straight leg raising. He had an antalgic gait and was using a cane. An MRI of the lumbar spine which had been done on July 12, 2011 is reported as showing findings of multilevel facet arthropathy with postoperative changes at L4-5 and L5-S1. Gabapentin 600 mg #90, Medrol, Zanaflex #90, Norco 10/325 mg #180, Senna #120, and Prilosec #30 were prescribed. There was consideration of a trial of Cymbalta. Authorization was requested for bilateral L4 and L5 transforaminal epidural injections. He was maintained out of work. He underwent a lumbar discogram on 08/22/13 with findings of multilevel annular fissures and moderately severe right L4-5 and left L5-S1 foraminal narrowing. There was concordant pain reproduced at the L3-4 level. On 08/27/13 he had ongoing neck, mid back, and low back pain, headaches, and numbness and tingling into the legs and feet. He had an antalgic gait with decreased lumbar spine range of motion, lumbar paraspinal muscle tenderness with spasm, decreased lower extremity strength and sensation, and positive slump test, Lasgue's test, and positive straight leg raising. There was a pending orthopedic evaluation. He was seen for the orthopedic evaluation on 09/09/13 for the evaluation of bilateral hip and leg pain. His history of injury was reviewed. Physical examination

findings included decreased lumbar spine range of motion with positive straight leg raising producing radicular symptoms bilaterally. He had decreased lower extremity sensation. He was seen by the requesting provider on 11/26/13. He had completed 24 sessions of acupuncture with decreased pain. He had previously had extensive physical therapy and was receiving medications through a pain management program. He had complaints of low back pain rated at 6-8/10 with pain and numbness in the lower extremities to the level of his feet. Physical examination findings included decreased cervical and lumbar spine range of motion. There was decreased left upper and lower extremity sensation and upper extremity and lower extremity strength. Straight leg raising and Slump testing were positive. Imaging results were reviewed. Recommendations included a continued home exercise program. Bilateral L4 and L5 transforaminal epidural injections were again requested as was additional chiropractic and physical therapy treatments two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection Bilateral L4-L5: Overturned

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

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

Decision rationale: The claimant is more than 5 years status post work-related injury with lumbar decompression surgery in June 2010. He continues to be treated for chronic low back pain with radicular symptoms. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider's document decreased lower extremity strength and sensation with positive neural tension signs and imaging has shown moderately severe multilevel foraminal narrowing. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.