

Case Number:	CM14-0166752		
Date Assigned:	10/13/2014	Date of Injury:	01/12/2009
Decision Date:	12/24/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal 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 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 injured worker (IW) is a 61-year-old woman with a date of injury of January 12, 2009. The mechanism of injury was not documented in the medical record. Pursuant to the Primary Treating Physician's Progress Note (PR-2) dated August 28, 2014, the IW presents for a follow-up and shares that she recently fell, which has triggered a flare up of her low back pain. She describes a return of her radicular symptoms. It is affecting the left side as well as the right side. The IW reports that she has numbness and tingling that make it difficult for her to remain active, as her balance is also affected. She is ambulating with a single point cane. Physical examination revealed a large bruise on the injured worker's left hip. She has some difficulty rising from the seated position. Radicular symptoms are present in the L4-L5 distribution and are consistent with the x-ray findings. Positive straight leg raise on the right. There is loss of sensation in both legs, more prominent on the left. Current medications include Amitiza 24mcg, Lyrica 100mg, Prozac 20mg, Amitriptyline Hcl 10mg, Desipramine 50mg, and Nucynta Er 250mg. The IW has been diagnosed with status post L4-L5 lumbar disc herniation resection, December of 2009; and left L5 radiculopathy. X-rays were taken in the office, which revealed retrolisthesis of L5 on S1 and severe disc collapse at L4-L5 with sclerosis of inferior endplate of L4 and superior endplate of L5. Treatment plan recommendations include medication management, and a request for a lumbar epidural injection to reduce inflammation and improve the injured worker's radicular symptoms. The medical records did not indicate whether or not the IW has ever attempted physical therapy or other conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection is not medically necessary. The guidelines recommend epidural steroid injections for short-term treatment of radicular pain with use in conjunction with active rehabilitation efforts. The guidelines (ODG) enumerate the criteria for use of epidural steroid injections. In this case, the injured worker complains of bilateral low back pain and leg pain. Exam shows restricted lumbar motion and positive straight leg raising. Sensation is decreased in the L5 dermatome on the left. MRI lumbar spine dated September 7, 2011 shows desiccation, and mild annular bulge at L3 - L4. Recurrent or residual disc protrusion extends into each neural foramen. A progress note dated August 2014 indicates the injured worker sustained to fall with the subsequent flareup of low back pain. Radicular symptoms are recurrent. The injured worker has had recurrent flare-ups in the past which typically result in a few days to a week. There have been no improvement of symptoms. The guidelines recommend epidural steroid injections in conjunction with active rehabilitation efforts. The injured worker sustained a flare-up, however the injured worker is not engaged in any physical therapy or the conservative measures. Consequently, epidural steroid injection lumbar spine is not medically necessary.