

Case Number:	CM14-0179253		
Date Assigned:	11/03/2014	Date of Injury:	03/04/1997
Decision Date:	12/09/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/28/2014

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 Emergency 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:

Patient with reported date of injury on 3/4/1997. No mechanism of injury was provided for review. Patient has a diagnosis of Lumbar IVD syndrome, lumbar radiculopathy, lumbar spondylosis, lumbar and cervical myofascitis and back dysfunction. Patient is post L4-5 foraminotomy, hemilaminotomy, microdiscectomy, bone spur removal and scar removal on 7/6/11 and L4-S1 microdiscectomy, resurfacing and removal of bony fragments on 11/14/13. Medical reports reviewed. Last report available until 10/30/14. Patient presents with complaint of low back pain and R lateral leg pain affecting lateral foot. Pain is 8/10 and constant. Dilaudid is reportedly improving pain from 10/10 to 8/10. Objective exam reveals absent Achilles reflex, positive R heel-toe walk but unable to walk on heel. R EHL is 4/5 and positive straight leg raise on R to 30degrees. Decrease sensation to R lateral foot. Lumbar flexion is limited. Weakness and decreased sensation is subacute, worsening since visit on 9/14 from chronic stable back pain. Request for Epidural Steroid Injection (ESI) was to "decrease debilitating pain and keep her from heading towards additional surgery." Patient is reportedly failed physical therapy and chiropractic and is on multiple medications. Goal for ESI was documented as to decrease pain to allow patient to perform activity of daily living. Prior ESI reportedly improved pain by up to 60% for 4 months. MRI of Lumbar spine on 9/26/14 reportedly revealed L4-5 disc extrusion and L5-S1 disc protrusion with moderate bilateral neuroforaminal narrowing and bilateral facet degenerative changes leading to mild central canal stenosis. Medications include Norco, Dilaudid, Motrin, Valium and Gabapentin. Independent Medical Review is for Lumbar ESI at L4-5 and Orthopedic consultation. Prior UR on 10/27/14 recommended non-certification of ESI and partial certification for an Orthopedics consultation. UR on 11/5/14 recommended ESI be partially certified and notes that consultation is with an orthotist for ankle orthotics which was non-certified. Due to this contradiction in URs,

progress notes were closely reviewed and the requests are definitely Orthopedic consultation and Lumbar Epidural Steroid Injection at L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at L4-5: Overturned

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. Patient's exam and presentation is consistent with radiculopathy with documented straight leg raise on exam, radicular pain and noted neurological deficits consistent with MRI findings. Patient also needs to meet basic criteria for recommendation. The basic criteria are: 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation states that LESI was to decrease pain to decrease medication use and to allow patient to perform activity of daily living. Plan was to avoid surgery. Meets criteria.2) Unresponsive to conservative treatment. This appears to be a flare up of chronic pain. Patient has extensive history of physical therapy, chiropractic and medication therapy and is post-surgery. Meets criteria.3) Documentation of improvement in objectively documented pain after prior ESI of at least 50% in pain lasting 6-8weeks. Documentation shows prior LESI providing 60% improvement in pain lasting up to 4months. Meets criteria.As clearly stated in MTUS Chronic pain guidelines, patient has to meet all basic criteria before ESI can be recommended. The provider has documented appropriately and meets criteria for ESI. Requested Lumbar Epidural Steroid Injection at L4-5 under fluoroscopy is medically necessary.

Orthopedic Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92.

Decision rationale: As per ACOEM guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability. Patient has noted increasing pain and weakness and failure of conservative therapy which are concerning signs. MRI of lumbar spine show significant disease but no definitive site or location of pathology. Due to worsening symptoms and objective exam findings of weakness and decreased sensation, orthopedic consultation is medically necessary.

