

Case Number:	CM14-0021161		
Date Assigned:	05/05/2014	Date of Injury:	12/08/2007
Decision Date:	12/19/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational 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 was injured on 1/1/01. A posterior spinal fusion of the lumbar spine at L4-5 and L5-S1 was performed on 6/16/11. PR-2 reports from orthopedist from 9/9/13, 10/16/13, 11/22/13, 12/18/13, were reviewed however were illegible. According to 11/6/13 neurosurgery evaluation she continued to have lower back pain. At that time review of system was negative. On physical exam there is tenderness to palpation over the lower lumbar spine with no evidence of spasm and there is reduced lumbar flexion. Her neurological exam was normal with negative SLR indicating no spinal nerve involvement. Impression at that time is posterior spinal fusion of the lumbar spine at L4-5 and L5-S1. Re-evaluation by neurosurgery on 1/29/14 the patient continues to have 6-8/10 lower back pain radiating to both lower legs and is taking Hydrocodone, Ibuprofen, and Omeprazole. On physical exam lumbar range of motion is restricted, neurological exam shows decreased sensation in multiple dermatomes over lower extremities with negative straight leg raise. Clinical impression includes L3-4 6mm disc herniation and bilateral lower extremity paresthesias. The treating provider recommends a lumbar epidural block in treatment of her radicular symptoms and that there has not been substantial improvement with conservative treatment including physical therapy, non-steroidal medications and opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION: Overturned

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

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

Decision rationale: The MTUS guidelines states that epidural injection is recommended as a treatment option for radicular pain as defined by dermatomal distribution and imaging study. According to my review of the provided medical records, specifically a 1/29/14 neurosurgical consult note, the injured worker meets the criteria for use of epidural steroid injection. These include document radiculopathy by physical examination and he has been unresponsive to conservative treatment including physical therapy, NSAID and opioids. This injured worker has dermatomal evidence of decreased sensation, imaging evidence of lumbar disc herniation and radicular symptoms. I have not seen any records that indicate he has had past attempts at lumbar epidural that were not successful. Consequently I believe that trial of lumbar epidural injection is supported by the cited guideline and medically necessary at this time.