

Case Number:	CM14-0045270		
Date Assigned:	07/02/2014	Date of Injury:	03/12/2011
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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, and is licensed to practice in Texas and Ohio. 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 is a 36-year-old male who reported an injury on 03/12/2011. The mechanism of injury was not provided. The medications included Naprosyn 550 mg twice a day, amitriptyline 25 mg, hydrocodone/acetaminophen 10/325 mg, Prilosec 20 mg, and Xanax 0.5 mg twice a day. The injured worker underwent an MRI of the lumbar spine on 10/11/2013, which revealed there was a grade 1 anterior spondylolisthesis of L5 on S1 secondary to spondylolysis of the pars interarticularis of L5 bilaterally. There was associated severe right and left neural foraminal stenosis at L5-S1 entrapping the right and left L5 nerves. The documentation of 01/08/2014 revealed the injured worker had pain in his low back that was noted to be feeling like he had burning with pins and needles and burning and stabbing down the left lateral leg. The physical examination of the lumbar spine revealed sensation was intact and equal and the strength was 5/5 bilaterally. There was tenderness over the paraspinals and increased pain with flexion and extension. The sacroiliac joints were tender bilaterally. The documentation indicated the injured worker had a straight leg raise that was positive on the left. The injured worker underwent an EMG/NCV on 01/08/2014, which revealed evidence of bilateral L5 radiculopathies and no evidence of a lower extremity distal entrapment neuropathy, peripheral neuropathy, or lumbosacral plexopathy. Diagnoses included spondylolisthesis at L5-S1 with severe neural foraminal stenosis, pars defect of lumbar spine bilaterally at L5, low back pain, lumbar radiculitis, DDD lumbar, anxiety, and dysthymia. The discussion included the injured worker had an MRI, which showed a grade 1 anterior spondylolisthesis of L5 on S1 secondary to spondylolysis of the pars interarticularis of L5 bilaterally. There was associated severe right and left neural foraminal stenosis at L5 and S1 entrapping the bilateral L5 nerves. There was degenerative disc disease at L4-5 and L5-S1. There was slight DJD in the facet joints at L4-5. The injured worker had an EMG/NCV that showed bilateral L5 radiculopathies. The treatment

plan included an interlaminar lumbar epidural steroid injection at L5-S1 with fluoroscopic guidance and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Interlaminar Epidural Steroid Injection for L5-S1: Upheld

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 Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are objective findings upon physical examination to support the injured worker has radiculopathy and findings upon MRI or EMG that confirm radiculopathy. There should be documentation the injured worker's pain was initially unresponsive to exercises, physical methods, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to provide documentation that the injured worker's pain was initially unresponsive to conservative treatment. Additionally, the request as submitted failed to indicate the laterality for the requested injection. Given the above, the request for Lumbar Interlaminar Epidural Steroid Injection for L5-S1 is not medically necessary.