

Case Number:	CM13-0028038		
Date Assigned:	11/22/2013	Date of Injury:	05/08/2008
Decision Date:	03/05/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male, with a reported date of injury of 05/08/2008. The result of the injury was low back pain, after lifting heavy metal weighing approximately 200 pounds. The current diagnoses include status post left L4-5 laminotomy and discectomy, and status post anterior/posterior spinal fusion at L4-5 and L5-S1. The past diagnoses include early status post herniorrhaphy with residuals, status post lumbosacral surgery with significant residuals, and possible pseudoarthrosis at L4-5. Treatments have included anterior/posterior spinal fusion at L4-5 and L5-S1, a computerized tomography (CT) myelogram, which showed robust fusion at L5-S1, an MRI of the lumbar spine on 03/15/2011, hydrocodone, postoperative physical therapy, epidural steroid injection, without significant benefit according to the 06/26/2013 medical report, and a discography, with negative findings at L2-3 and L3-4. The medical report from which the request originates was not included in the medical records provided for review. The progress report (PR-2) dated 06/26/2013 indicates that the injured worker complained of persistent severe low back pain with cramping and pain in his left buttock radiating to his lateral thigh and calf to the foot. There was also intermittent numbness and tingling. An examination of the lumbar spine showed a slow gait, decreased range of motion; pain in all planes; intact motor function of the lower extremities; and decreased light touch sensation in the left lateral calf. The injured worker had not yet reached medical maximum improvement, and had remained totally temporarily disabled. The treating physician noted that the injured worker remained highly symptomatic despite having two lumbar surgeries. On 09/11/2013, Utilization Review (UR) denied the request for high volume lumbar epidural steroid

injection at bilateral L3-L4. The UR physician noted that the injured worker had corroborative neurologic deficits on the most recent physical exam, and the previous imaging study was not available. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

HIGH VOLUME LUMBAR EPIDURAL INJECTION L3-4 BILATERALLY: 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 ESI Page(s): 46-47.

Decision rationale: The patient presents with frequent lower back pain radiating to the bilateral lower extremities. The current request is for HIGH VOLUME LUMBAR EPIDURAL STEROID INJECTION L3-4 BILATERALLY TEPPER, MD per the 07/16/13 report. The patient is temporarily totally disabled. MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. Criteria state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient presents with radicular symptoms. The 03/20/13 Initial Orthopedic evaluation by Dr. ■. states that DTR tests were +1 for the Patellar and Achilles. However, subsequent reports provided from 04/16/13 to 07/16/13 by Dr. ■. do not provide objective examination findings. Dr. ■. further cites a March 2011 MRI showing degenerative changes at multiple levels and states the patient received prior ESIs from Dr. ■. -- of unspecified date with no significant benefit. No imaging studies are provided for review. There is some documentation on physical examination of radiculopathy that are not confirmed by the most recent reports provided. However, the reports provided do not show that radiculopathy is corroborated by imaging studies and/or electrodiagnostic studies as required by MTUS. Furthermore, there is no documented pain and functional improvement from prior ESIs. The request IS NOT medically necessary.