

Case Number:	CM14-0203290		
Date Assigned:	12/15/2014	Date of Injury:	05/17/2009
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

This 59 year old male sustained work related industrial injuries on May 17, 2009. The injured worker subsequently complained of muscle spasms, tingling to the lower extremities and low back pain. The past surgery history is significant for L3-L4 decompression and L2-L3 discectomy. Treatment consisted of diagnostic studies, PT, prescribed medications, epidural steroid injection, chiropractic therapy, consultation and periodic follow up visits. An epidural steroid injection on June 2, 2014 resulted in significant reduction in pain, resolution of the radicular component of the pain, functional improvement and reduction in medication utilization. On September 26, 2014, MRI of lumbar spine revealed evidence of postsurgical changes at the posterior elements at L3-L4 level and multilevel degenerative changes at L1-S1. On November 12 2014, there was objective finding of decreased range of motion due to increase pain. On 9/4/2014, the EMG/NCV was noted to show left L5 and right L5-S1 radiculopathy. The 2014 MRI of the lumbar spine showed multilevel disc bulges, neural foraminal stenosis, central canal stenosis and facet arthropathy. On 12/3/2014, [REDACTED] noted subjective complaint of flare up of low back pain associated with numbness and tingling sensation. The patient was unable to return to work secondary to the symptoms flare up. The pain score was rated at 8.5/10 on a scale of 0 to 10. There was objective finding of positive straight leg raising test, decreased sensation over the left L5 dermatomes and tenderness to palpation over the lumbar spine. There was documentation of more than 95 % sustained reduction in pain following the last epidural steroid injection. The treating physician prescribed services for lumbar epidural steroid injection at L3-L4 and L5-S1 now under review. The diagnoses are lumbar radiculopathy, arachnoiditis and low back pain. The medications listed are Advil, Norco and Neurontin. On November 21, 2014, the Utilization Review (UR) evaluated the prescription for lumbar epidural steroid injection at L3-L4 and L5-S1 requested on November 20, 2014. Upon review of the clinical

information, UR non-certified the request for lumbar epidural steroid injection at L3-L4 and L5-S1, noting the lack of objective findings indicative of radiculopathy, lack of clinical documentation of objective improvement from previous epidural steroid injection, and the recommendations of the ODG and MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-L4 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Criteria for the use of Epidura.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and PT have failed. The guidelines recommend that epidural injections can be repeated if there was significant pain relief with functional improvement and reduction in medication utilization following a prior epidural injection. The records indicate that the patient had subjective, objective, radiological and nerve conduction studies consistent with lumbar radiculopathy. There is documentation of sustained significant pain relief that is greater than 95% following the June 2014 epidural injection. The criteria for lumbar epidural injection at L3-L4 and L5-S1 were met.