

Case Number:	CM14-0208821		
Date Assigned:	12/22/2014	Date of Injury:	05/07/2004
Decision Date:	02/17/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Pain 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 is a 65 year-old male with an original date of injury on 5/7/2004. The mechanism of injury was falling twice and injuring her lower back. The industrially related diagnoses are symptomatic listhesis at L5-S1 and foraminal stenosis at L4-L5, right lumbar radiculopathy, and right sciatica. A MRI of the lumbar spine on January 15, 2014 documented my contacts dextroscoliosis of lumbar spine L2-3, moderate loss of disc space height with vacuum phenomena present at L4-L5, narrow degenerative changes at anterior and superior end plate of L5, 5 mm posterior broad-based disc protrusion effaced the ventral thecal sac causing moderate central canal stenosis, and ligamentum flavum hypertrophy is also present. There is impingement on the right and encroachment on the left budding L5 nerve roots, severe bilateral neuroforaminal stenosis is present in pinching on the foramina know L4 nerves, there is nerve root sleeve effacement and abutment of the budding right S1 nerve root. The patient has had medications, physical therapy, acupuncture, and chiropractic therapy without significant improvement. The disputed issue is the request for epidural steroid injection at right L4-L5 and L5-S1. A utilization review dated 11/13/2014 has non-certified this request. The stated rationale for denial was it is unclear with the documentation provided if the patient received this treatment in the past and the result of such treatment to determine the medical necessity at this time. In addition, the type of epidural steroid injection is not specified with this request to help with determining medical necessity. Therefore, this request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection to the right L4-5 and L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: A progress note on 9/19/2014 indicated the patient has worsening lower back pain with radiculopathy down the right leg. Exam findings showed decreased sensation of right S1, L5, and L4 distribution. There was decreased reflex on the right S1 distribution. The MRI on 1/15/2014 shows nerve root impingement at L4, L5, and S1 level. The patient has failed conservative treatment including medications, acupuncture, physical therapy, and chiropractic sessions. Therefore, this request is medically necessary, and may help reduce pain and improve function.