

Case Number:	CM15-0001933		
Date Assigned:	01/13/2015	Date of Injury:	08/22/2012
Decision Date:	04/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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 39 year old male, who sustained an industrial injury on 8/22/2012. He reported injury to his right ankle and foot, neck, back, and thoracic spine, after being hit by a truck. The injured worker was diagnosed as having degeneration of cervical intervertebral disc. Treatment to date has included conservative measures, including diagnostics, medications, physical therapy, and lumbar epidural steroid injection (4/2013). Magnetic resonance imaging of the lumbar spine, dated 7/22/2014, was submitted. Currently, the injured worker complains of low back pain, with radiation to bilateral lower extremities, right greater than left. He rated pain 3/10 with medications and 7/10 without. Exam of the lumbar spine noted tenderness upon palpation in bilateral L4-S1 areas, slight to moderate decrease in range of motion, decreased sensitivity along the L4-S1 dermatomes, decreased motor strength along the L5-S1 dermatomes, and positive straight leg raise at 60 degrees, bilaterally while in the seated position. Electromyogram and nerve conduction studies from 11/02/2012 were referenced. Current medications included Ambien, Gabapentin, Norco, and Tylenol #3. A repeat diagnostic bilateral L5-S1 lumbar epidural steroid injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI bilateral at 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 ESI Page(s): 46-47.

Decision rationale: The patient was injured on 08/22/2012 and presents with neck pain, low back pain, lower extremity pain, and insomnia. The request is for a LUMBAR ESI, BILATERAL AT L5-S1. The RFA is dated 12/10/2014 and the patient is not currently working. The 07/22/2014 MRI of the lumbar spine revealed that there is a loss of nucleus pulposus signal intensity with disk space narrowing and a 4- to 5-mm posterior disk bulge with 4 mm of anterolisthesis of L5 on S1. There is moderate left-sided central canal narrowing and bilateral neuroforaminal narrowing, which is moderate on the left and mild on the right. According to the utilization review denial letter, the patient had a prior lumbar ESI on 04/08/2013 "with reported benefit for one year." In regards to epidural steroid injections, MTUS Chronic Pain Medical Treatment Guidelines page 46-47 has the following criteria under its chronic pain section: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication used for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Tenderness is noted upon palpation in the bilateral paravertebral area, L4-S1 levels. The range of motion of lumbar spine is slightly to moderately limited. Pain significantly increases with flexion/extension and sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in bilateral lower extremities. Motor exam shows decreased strength of extensor muscles along the L5-S1 dermatome in bilateral lower extremities. Straight leg raise with the patient in a seated position is positive bilaterally at 60 degrees. MTUS Guidelines require at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, for repeat blocks. Besides the general statement indicating that the prior ESI reported benefit for 1 year, there is no numerical value provided regarding how much benefit the patient had from the prior ESI. Due to lack of documentation of improvement from the prior lumbar ESI, the requested lumbar ESI bilateral at L5-S1 IS NOT medically necessary.