

Case Number:	CM15-0002688		
Date Assigned:	01/13/2015	Date of Injury:	04/25/2008
Decision Date:	03/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 64-year-old male who reported an injury on 04/25/2006. The mechanism of injury was not provided. On 12/19/2014, the injured worker with complaints of severe, constant low back pain with shooting pains down the bilateral legs, right more than left, associated with tingling, numbness, and paresthesia. Upon examination of the lumbar spine, there was restricted range of motion with spasm and localized tenderness present over the paravertebral musculature. There is increased number of lordosis. Diminished sensation to light touch along the medial and lateral border of the right leg, calf, and foot. Motor strength testing was 5/5, except for the right EHL and plantar flexors, which were 4+/5. There was a positive bilateral straight leg raise. MRI of the lumbar spine, performed on 07/29/2014, revealed grade 1 retrolisthesis at the L3-4 and L4-5 with a disc protrusion at the L5-S1 with right L5 nerve root impingement. There was also right L4-5 foraminal stenosis. The diagnosis were grade 1 retrolisthesis of L3-4 and L4-5, right L4-5 foraminal narrowing with right L5 nerve root impingement, lumbar facet arthrosis at L4-5 and L5-S1, depression, and chronic myofascial pain syndrome. The injured worker had a previous epidural steroid injection which afforded the injured worker with 50% to 60% pain relief for a few months and functional improvement, as well as the ability to discontinue Tylenol No. 3. The provider recommended right sided L5-S1 transforaminal and caudal epidural steroid injection as the injured worker does not want to pursue lumbar fusion. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SIDED L5, S1 TRANSFORAMINAL AND CAUDAL EPIDURAL STEROID INJECTIONS NON-CERTIFY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

Decision rationale: The request for right sided L5, L1 transforaminal and caudal epidural steroid injections non-certify is medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical exam findings and corroborated by imaging and/or electrodiagnostic tests. Documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. Repeat epidural steroid injections are considered when the injured worker had a response of at least 50% decrease in pain along with functional improvement and decrease in medication use. The documentation submitted for review note that the injured worker was recommended for surgical intervention. The injured worker had a previous epidural steroid injection which afforded 50% to 60% pain relief for a few months with functional improvement as well as the ability to discontinue Tylenol No. 3. Due to a successful response from the previous epidural steroid injection, medical necessity has been established.