

Case Number:	CM15-0104734		
Date Assigned:	06/09/2015	Date of Injury:	04/23/2012
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 4/23/12. He has reported initial complaints of low back and right leg pain. The diagnoses have included chronic low back pain with right radicular pain, status post lumbar spine surgery, lumbar degenerative disc disease (DDD), and disc protrusion with radiculitis, lumbar facet arthropathy, depression and anxiety. Treatment to date has included medications, activity modifications, diagnostics, lumbar surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 4/22/15, the injured worker was seen for fourth post-operative visit. On 9/4/14, he had L5-S1 artificial disc replacement and has been getting worse. He is having right heel numbness, problems with circulation in the bilateral legs, and burning of the feet with swelling. The low back is described as the same as pre-operatively and he does not feel that surgery has helped. The injured worker went to about four or five sessions of physical therapy and had to stop because the back was hurting too much. He has not been able to return to work. The current medications included Zoloft, Imitrex, Vicodin, Xanax, Lexapro, Adderall, Hydrocodone and Tramadol. The diagnostic testing that was performed included lumbar spine x-ray report dated 4/21/15 reveals mild slightly progressive anterior wedging of L4 and status post L5-S1 intervertebral disc replacement. There was previous physical therapy sessions noted in the records. The physician noted that he spoke to the injured worker regarding epidural steroid injection (ESI) versus pool therapy versus computerized axial tomography (CT scan) myelogram with flexion/extension views and he would like to go back for lumbar epidural steroid injection (ESI). The physician requested treatment included Lumbar epidural steroid injection at L4.

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 L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for the use of lumbar epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in April 2012 and underwent an artificial disc replacement at L5-S1 in September 2014. Treatments have included postoperative physical therapy. When seen, he had initially done well but was now having radiating symptoms into the right leg with numbness of the heel. Straight leg raising was positive bilaterally. No neurological deficits are documented. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive straight leg raising and the claimant has right lower extremity radicular symptoms. However, there are no neurological deficits reported by examination such as decreased strength, sensation, or reflex abnormality. Therefore, the request is not medically necessary.