

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0106180 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 08/15/2009 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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 49 year old male who sustained an industrial injury on 8/15/09. The mechanism of injury is unclear. He currently complains of low back pain with increasing pain radiating down his legs. He has a history of lumbar laminectomy and recurrence of discogenic and radicular condition. He has a spinal cord stimulator and computed tomography confirmed correct placement. His pain level is 9-10/10 at its worst and with medications and spinal cord stimulator is 6-7/10. On physical exam of the lumbar spine, there was tenderness on palpation over L4-5 and L5-S1, muscle spasms and guarding of bilateral erector spinae muscles and gluteus maximus region. There is decreased range of motion and sensation and positive straight leg raise in the left lower extremity. His function is worsening. Medications are Ultram ER, Norco, Anaprox, Prilosec, Elavil. Diagnoses include status post L4-5 lumbar laminectomy with postlaminectomy syndrome; L4-5 and L5-S1 lumbar disc degeneration; L4-5 and L5-S1 lumbar facet syndrome; left lumbar radiculitis; status post permanent implantation of spinal cord stimulator system. Treatments to date include medications; spinal cord stimulator, facet blocks, and radiofrequency ablation procedures. Diagnostics include MRI of lumbar spine (no date) showing disc degeneration at L4-5, L5-S1; x-ray of lumbar spine (6/18/14) showing mild retrolisthesis at L4-5, L5-S1. On 5/12/15, Utilization Review evaluated a request for bilateral epidural steroid injection at L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Previous MRI of lumbar spine did not show disc protrusions or canal/neural foraminal stenosis. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted s/p laminectomy. Criteria for the epidurals have not been met or established. The Bilateral lumbar epidural steroid injection at L4- 5, L5-S1 is not medically necessary and appropriate.