

Case Number:	CM15-0109307		
Date Assigned:	06/15/2015	Date of Injury:	06/03/2014
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/05/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on 6/3/14. He reported a low back injury while removing a fencing pole. The injured worker was diagnosed as having lumbar radiculopathy, myofascial pain and lumbar degenerative disc disease. Treatment to date has included physical therapy, activity restrictions and Norco. (MRI) magnetic resonance imaging of lumbar spine performed on 9/5/14 revealed L2-3 left foraminal protrusion causing moderate narrowing of the sub adjacent neural foraminal outlet, L3-4 modest facet hypertrophy with moderate to moderately severe right and moderate left foraminal narrowing, L4-5 broad based protrusion, facet arthropathy and moderate to moderately severe narrowing of right neural foramen, broad based dorsal protrusion that slightly flattens the ventral thecal sac and L5-S1 minor posterior extension of disc annulus. Currently, the injured worker complains of low back pain with radiation to left lower extremity, rated 8/10. The pain is alleviated with lying on the right side. He is temporarily totally disabled. Physical exam noted guarding of the lumbar spine, an antalgic gait, restricted range of motion, diminished left patellar reflex and tenderness to palpation over the lumbar facets from L3-L5. The treatment plan included left transforaminal epidural steroid injection, physical therapy and surgical spine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5, S1 transforaminal ESI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of radicular pain with concurrent MRI findings. Epidural steroid injection left L5-S1 is medically necessary.

Spine surgery consult within the Medical Provider Network: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: ACOEM addresses the need for specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. In this case, conservative interventions including physical therapy and epidural steroid injection have yet to be performed and completed. Until response to conservative care can be observed, spine surgery consult is not medically necessary.