

Case Number:	CM15-0109717		
Date Assigned:	06/16/2015	Date of Injury:	01/14/2012
Decision Date:	07/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/08/2015

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 59 year old female, who sustained an industrial/work injury on 1/14/12. She reported initial complaints of low back pain. The injured worker was diagnosed as having chronic pain disorder, lumbar facet arthropathy, and lumbar radiculopathy. Treatment to date has included medication, injection, and diagnostic testing. MRI results were reported on 2/10/14 of the lumbar spine that demonstrated multilevel facet joint disease and on 7/14/14 demonstrating subtle loss of disc space at L3-4, L4-5, borderline hypertrophic facets and central canal stenosis. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 8/22/13 noting left saphenous neuropathy, left superficial peroneal neuropathy, left tibial neuropathy. Currently, the injured worker complains of low back pain with radiation down the bilateral lower extremities with tingling. There is also bilateral upper extremities pain. Pain was rated 7-8/10 with medication and 9-10/10 without medication. Per the pain medicine reevaluation on 4/15/15, exam revealed tenderness with palpation in the spinal vertebral area, moderate to severe limitation in range of motion, decreased sensitivity along L5 dermatome in the left lower extremity, and positive straight leg raise bilaterally at 70 degrees. The requested treatments include bilateral L4-L5 interlaminar epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 interlaminar epidural steroid injection under fluroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with low back pain. The current request is for Bilateral L4-L5 interlaminar epidural steroid injection under fluoroscopy. The RFA is dated 04/15/15. Treatment history included physical therapy, medial branch block, medications. The patient is not working. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. According to progress report 4/15/15, the patient presents with low back pain that radiates into the bilateral lower extremities. There is tenderness with palpation in the spinal vertebral area, moderate to severe limitation in range of motion, decreased sensitivity along L5 dermatome in the left lower extremity, and positive straight leg raise bilaterally at 70 degrees. MRI results from 7/14/14 demonstrated subtle loss of disc space at L3-4, L4-5, borderline hypertrophic facets and central canal stenosis. EMG/NCV was performed on 8/22/13 noting left saphenous neuropathy, left superficial peroneal neuropathy, and left tibial neuropathy. There is no indication of prior epidural injections. In this case, the patient presents with radiating symptoms down the bilateral lower extremities, positive SLR and decreased sensation over the L5 dermatome. There is central canal stenosis on MRI of L-spine. Given such findings, a trial ESI at this juncture is reasonable and supported by MTUS guidelines. This request is medically necessary.