

Case Number:	CM15-0109896		
Date Assigned:	06/16/2015	Date of Injury:	11/30/2014
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
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 57-year-old male, who sustained an industrial injury on 11/30/14. He reported a back injury after falling from a ladder. The injured worker was diagnosed as having sprain of lumbar region, diminished sensation in L4 reflex, multiple trigger points in the lumbar spine and ligament and muscle strain and spasm. Treatment to date has included physical therapy, acupuncture, chiropractic treatments, rest, oral steroids and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 5/4/15 noted L2-3 disc desiccation, moderate to severe central canal stenosis of L3-4, severe central canal stenosis of L4-5 and partial lumbarization of L5 vertebral body. Currently, the injured worker complains of continued dull, sharp, aching pain and stabbing pain in the lumbar spine, it is unchanged from previous visit and radiates. He rates the pain 6-7/10. He is currently not working. Physical exam noted tenderness to palpation over the lumbar paraspinals, tenderness to palpation over the quadratus lumborum and trigger point in 6 distinct muscle groups of the lumbar spine along with restricted range of motion of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Epidural Steroid Injection at L4-L5 with Monitored Anesthesia: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46.

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

Decision rationale: The patient was injured on 11/30/14 and presents with an aching, stabbing, radiating lumbar spine pain. The request is for a bilateral epidural steroid injection at L4-L5 with monitored anesthesia. The utilization review denial rationale is that "in the absence of evidence of radiculopathy on MRI and given the presence of the trigger points to possibly explain the subjective symptoms reported by the patient, criteria for use of an epidural steroid injection are not met. " There is no RFA provided and the patient is to return to work as of 04/21/15 with limited standing/walking, limited stooping/bending, limited kneeling/squatting, and limited lifting/pulling/pushing. The report with the request is not provided. Review of the reports provided does not indicate if the patient had a prior ESI at the lumbar spine. The 05/04/15 MRI of the lumbar spine revealed that at the L4-L5 level, there is severe central canal stenosis, secondary to hypertrophic facet degenerative changes, redundancy of the ligamentum flavum, and a 6 mm asymmetric broad based posterior disk bulge with focal left lateral prominence. There is severe left and mild to moderate right neural foraminal narrowing. The spinal canal measures 3 mm in the anterior-posterior dimension. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The patient has tenderness to palpation over the lumbar paraspinals, tenderness to palpation over the quadratus lumborum, a limited lumbar spine range of motion, trigger points in six distinct muscle groups of the lumbar spine, and a positive straight leg raise on the left. He is diagnosed with sprain of lumbar region, diminished sensation in L4 reflex, multiple trigger points in the lumbar spine, and ligament and muscle strain and spasm. Treatment to date has included physical therapy, acupuncture, chiropractic treatments, rest, oral steroids and activity restrictions. Review of the reports provided does not indicate if the patient had a prior epidural steroid injection to the lumbar spine. Given that the patient has "severe central canal stenosis at L4-L5" as indicated on the 05/04/15 MRI of the lumbar spine, clear radicular symptoms, and exam findings, a trial of Lumbar ESI appears reasonable. The request IS medically necessary.