

Case Number:	CM15-0130497		
Date Assigned:	07/16/2015	Date of Injury:	09/01/2011
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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, Hawaii

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:

This 33 year old male sustained an industrial injury to the low back on 9/1/11. The injured worker underwent right L5-S1 microdiscectomy on 8/26/13. Additional treatment included physical therapy, epidural steroid injections, sacroiliac joint injections and medications. In a PR-2 dated 4/1/15, the physician noted that the injured worker had been recommended for lumbar fusion but needed to lose weight first. At the time of exam the injured worker complained of ongoing low back pain despite an epidural steroid injection on 3/25/15. In a progress note dated 5/20/15, the injured worker reported that he had great initial response to the epidural steroid injection on 3/25/15; however as the week progressed, the symptoms returned. The injured worker complained of severe back and neck pain with radiation to the right lower extremity associated with numbness, tingling, paresthesias, weakness and feeling as if the right lower extremity would give out. The physician noted that recent magnetic resonance imaging lumbar spine showed herniation at L4-5 and L5-S1 with lateral foraminal stenosis and central canal stenosis. Physical exam was remarkable for lumbar spine with moderated tenderness to palpation bilaterally at L4 with crepitus, decreased sensation to the right S1 and L6 distribution and decreased deep tendon reflexes. Current diagnoses included lumbar foraminal stenosis, lumbar disc herniation and bilateral low back pain. The physician noted that the injured worker needed surgery now at L4-5 and L5-S1. The physician recommended another intervention as he waited for surgery with left and right L4 and L5 extra foraminal epidural steroid injection (nerve block) for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left and right L4 and L5 extra foraminal epidural steroid injection (nerve block) for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient presents with pain affecting the neck and low back with radiation to the right lower extremity. The current request is for Left and right L4 and L5 extra foraminal epidural steroid injection (nerve block) for lumbar spine. The treating physician report dated 6/1/15 (52B) states; Patient had 6 weeks of good pain relief with prior ESI. Unfortunately, pain recurred. Recommend repeat ESI with [REDACTED] at this time. If he had diminishing return with injections and/or continued recurrence of pain, would be appropriate surgical candidate. The report goes on to state, MRI lumbar spine 5/5/14: broad based disc herniation with R paracentral and lateral extension at L4-5, causing mod to severe CC and Severe R lat recess stenosis. MTUS Guidelines do recommended ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The medical reports provided, show that the patient has received a previous ESI at the L5-S1 level on 3/25/15 (57B). In this case, the patient presents with low back that radiates down to the right lower extremity. Furthermore, the diagnoses of lumbar radiculopathy are corroborated by an MRI dated 5/5/14 (64B). Additionally, the treating physician is requesting a repeat ESI in order to determine if the patient would be an appropriate surgical candidate, based on his response to the injection. The current request satisfies the MTUS guidelines as outlined on page 46. The current request is medically necessary.