

Case Number:	CM15-0132706		
Date Assigned:	07/20/2015	Date of Injury:	04/23/2006
Decision Date:	08/14/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male who sustained an industrial injury on 4/23/06 from a lifting twisting incident involving the lumbar region. He experienced immediate low back pain and lower extremity pain. He was medically evaluated, given medications, physical therapy and work restrictions. He is currently experiencing an increase in pain symptoms and weakness of the lower extremities, especially the right leg; increased low back pain; right knee pain. His walking capacity was limited when these symptoms increased. Medications were cyclobenzaprine, tizanidine, tramadol. Diagnoses include depressive disorder; lumbar post-laminectomy syndrome; chronic pain syndrome; spasm. Diagnostics include x-ray of the lumbar spine (3/8/11) showing radiculopathy at L3. In the progress note dated 6/1/15 the treating provider's plan of care includes a request for an epidural steroid injection L4-5 to try to calm nerve root irritation below the level of the fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L4-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2006 and continues to be treated for back pain and lower extremity weakness. Diagnoses include post laminectomy syndrome. EMG/NCS testing in December 2009 included findings of chronic bilateral L4-5 and right L5-S1 radiculopathy. A CT scan of the lumbar spine in August 2006 included findings of multilevel spondylosis with foraminal narrowing and moderate canal stenosis. When seen, there was paraspinal muscle spasms and decreased right lower extremity sensation. Authorization for an epidural injection below level of his prior L3-4 fusion was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity sensation and imaging and electrodiagnostic testing results are consistent with radiculopathy. The requested epidural steroid injection was medically necessary.