

Case Number:	CM15-0138625		
Date Assigned:	07/28/2015	Date of Injury:	05/31/2007
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This 55 year old male sustained an industrial injury to the low back on 5/31/07. Magnetic resonance imaging lumbar spine (8/12/14) showed solid interbody fusion with slight residual anterolisthesis and facet hypertrophy. Previous treatment included lumbar fusion, acupuncture, cognitive behavioral therapy and medications. Electromyography/nerve conduction velocity test bilateral lower extremity (4/13/15) showed bilateral S1 radiculopathy. In a progress report dated 6/25/15, the injured worker complained of low back pain rated 7-9/10 on the visual analog scale without medications and 6-9/10 with medications. Physical exam was remarkable for significant tenderness to palpation from L1 through S1 with spasm, decreased range of motion on flexion and minimal extension, 5/5 lower extremity strength with intact sensation and deep tendon reflexes, positive straight leg raise bilaterally and positive Patrick's and Gaenslen's tests. Current diagnoses included lumbar post laminectomy syndrome, lumbar fusion (2009), ruptured colon with total colectomy in 2012, incisional hernias times two with repair, chronic low back pain with radicular symptoms, chronic nausea, frequent clostridium difficile infections. The physician noted that the injured worker was having more low back pain. Tramadol was not that helpful. The injured worker continued with diarrhea. The physician also noted that the injured worker had greater than 50% relief for 3 to 4 months following previous epidural steroid injection. The treatment plan included discontinuing Tramadol, continuing Norco, prescriptions for Zofran and Xanax, requesting authorization for additional acupuncture, starting physical therapy, continuing cognitive behavioral therapy, and requesting authorization for an L5-S1 interlaminar epidural

steroid injection. On 7/2/2015, Utilization Review non-certified the request for an L5-S1 interlaminar epidural steroid injection under conscious sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One interlaminar epidural steroid injection at L5-S1 under conscious sedation and fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker (IW) must have radiculopathy documented by exam, corroborated by imaging and/or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. In the case of this IW, the physical exam from 6/25/2015 demonstrates radicular findings with an antalgic gait and positive straight leg raise, but sensation, reflexes, and strength were normal. In addition, the MRI from 8/12/2014 describes disc desiccation at L5-S1, but there is no documentation of disc herniation or nerve compression at the appropriate nerve roots. An EMG had been previously ordered, but no results are available in the records. Finally, the patient has had a positive response to acupuncture with improved strength in his low back and legs, decreased pain, and functional improvement. The request does not meet guideline criteria at this time; therefore, the request one interlaminar epidural steroid injection at L5-S1 under conscious sedation and fluoroscopic guidance is not medically necessary and appropriate.