

Case Number:	CM15-0148042		
Date Assigned:	08/11/2015	Date of Injury:	10/01/2014
Decision Date:	09/14/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/30/2015

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:

The injured worker (IW) is a 57-year-old male who sustained an industrial injury on 10-01-2014 due to a fall. Diagnoses include lumbar radiculopathy secondary to work related injury; severe spinal stenosis with radiculopathy; spondylosis, lumbar; lumbar sprain-strain; and severe hypertrophic facet arthropathy and fluid in the facet joints. Treatment to date has included medications; epidural steroid injections were successful in the past. According to the Initial Pain Management Consultation dated 6-22-2015, the IW reported pain in the low back with radiation to the bilateral lower extremities, buttocks, legs and feet, with associated weakness, tingling, burning, muscle spasms, loss of sensation and loss of muscle function. The pain was aggravated by standing, walking, work, exercise, cold, bending forward and climbing and descending stairs. The pain was improved by cold, heat, massage, injections, meditation, lying or sitting down and pain medications. On examination, there was mild to moderate tenderness to palpation from the upper lumbar spine to the sacrum and with range of motion (ROM). ROM was decreased past 30 degrees of flexion and 20 degrees of extension and lateral rotation. Sensation was decreased in the lateral calf and top of the foot, bilaterally. Deep tendon reflexes were present and equal bilaterally. Motor strength was grossly intact. Straight leg raise was positive bilaterally and his gait was antalgic. MRI of the lumbar spine on 11-5-2014 revealed degenerative anterolisthesis with severe spinal central spinal stenosis and neural foraminal stenosis at L4-5; discogenic disease L2 to L4; and degenerative hypertrophic facet arthropathy from L2 to S1, severe from level L3 to S1. A request was made for epidural steroid injection at L4-5 for treatment of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 46.

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 low back which radiates into the bilateral extremities. The current request is for Epidural steroid injection L4-5. The treating physician states in the report dated 8/18/15, "If the reason for the denial is that there are not hard physical examination findings of radiculopathy, it is my opinion that this is not justified as spinal stenosis and neurogenic claudication are not necessarily associated with exam findings of radiculopathy. Epidural injections are a legitimate way to treat this. This patient does not want and is not ready for surgery." (5B) The MTUS Guidelines state, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS guidelines also state patient must complain of pain that radiates into an extremity in a dermatomal pattern, there must be signs of radiculopathy in the examination findings and there must be an MRI or EMG/NCV study that corroborates radiculopathy at the level the injection is requested. In this case, the treating physician has documented that an MRI of the lumbar spine showed degenerative anterolisthesis and bilateral severe neural foraminal stenosis at L4-5, has radicular symptoms, and that the patient has not received an ESI since 2012. The prior ESI provided the patient with decreased pain and improved function. The current request is medically necessary.