

Case Number:	CM15-0149601		
Date Assigned:	08/12/2015	Date of Injury:	08/16/2005
Decision Date:	09/30/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/31/2015

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 54 year old male who sustained an industrial injury on 08-16-2005 when he fell 5-6 feet off a truck. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and lumbar spondylosis without myelopathy. The injured worker has a medical history of hypertension, myocardial infarction and depression. The injured worker is status post lumbar decompression in 2007 and 2011. Treatment to date has included diagnostic testing, surgery, physical therapy, acupuncture therapy, massage therapy, heat and ice therapy, traction, chiropractic therapy, transcutaneous electrical nerve stimulation (TEN's) unit, lumbar epidural steroid injections, failed spinal cord stimulator (SCS) trial, walking device and medications. According to the primary treating physician's progress report on June 01, 2015, the injured worker continues to experience chronic low back pain radiating down both lower extremities rated at 9-10 out of 10 on the pain scale. The injured worker also reported muscle spasm in the lower back. Evaluation noted a slow and stooped gait with the use of a cane. The injured worker appeared uncomfortable and apprehensive and did not allow palpation to the lumbar spine. Lumbar flexion and extension was less than 5 degrees. There was no evidence of bilateral lower extremity edema. Manual muscle testing of the bilateral lower extremities was not able to be performed due to pain. Straight leg raise was positive bilaterally at 60 degrees. Current medications were listed as Percocet 10mg-325mg, Norflex ER, Prilosec, Aspirin and Colace. Treatment plan consists of continuing oral medication regimen, Capsaicin cream, urine drug screening and the current request for lumbar interlaminar epidural steroid injection at L5-S1 times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Interlaminar epidural steroid injection at L5-S1, times 2, with Tuohy needle positioned to left of midline: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is for a Lumbar Interlaminar epidural steroid injection at L5-S1, times 2, with Tuohy needle positioned to left of midline. The RFA is dated 06/01/15. Treatment history included lumbar surgeries (2008 and 2011), mediations, physical therapy, massage, acupuncture, TENS and prior ESIs. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." 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." MRI of the lumbar spine from 11/28/11 revealed mild to moderate left neural foraminal narrowing with contact of the exiting right L4 nerve root and L5-S1 moderate to severe left neural foraminal narrowing with contact of the exiting left L5 nerve root. EMG done in 2011 was reported to be normal. Per report, 06/10/15, the patients with chronic low back pain radiating down both lower extremities. Examination revealed bilateral lower extremity edema. Manual muscle testing of the bilateral lower extremities was not able to be performed due to pain. Straight leg raise was positive bilaterally at 60 degrees. The treater recommended an ESI as prior injection provided 80-90% pain relief for several months. Diagnostic MRI dated 11/28/11 corroborates the patient radicular pain, and prior ESI proved to be effective; however, the current request is for 2 injections. MTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement. The current request as stated cannot be substantiated. This request IS NOT medically necessary.