

Case Number:	CM15-0161612		
Date Assigned:	08/28/2015	Date of Injury:	07/31/2006
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 34 year old male, who sustained an industrial injury on 7-31-06 Initial complaints were of his middle to low back pain radiating to his lower extremities and left ankle pain. The injured worker was diagnosed as having chronic lumbar sprain; sciatica; left ankle sprain. Treatment to date has included lumbar epidural steroid injection L5-S1 (3-12-09; 11-24-09); Provocative Discogram L4-5 and L5-S1 (3-19-12); physical therapy; medications. Diagnostics studies included MRI lumbar spine (7-24-13). Currently, the PR-2 notes dated 7-29-15 indicated the injured worker complains of lumbar spine pain rated at 7-8 out of 10 with bilateral lower extremity radicular pain, numbness and tingling reported with left lower extremity symptoms is greater than right. Injured worker reports he was seen by pain management on 7-16-15 for a lumbar spine consult. The provider notes medications are denied by insurance and notes the injured worker is working and performing activities of daily living due to his pain medications. The provider also documents the injured worker is a surgical candidate for lumbar spine surgery according to an AME and orthopedic evaluation but would like to hold off for now. The provider documents the CURES report was received and there is no aberrant behavior seen. A MRI lumbar spine dated 6-24-13 impression reveals at L5-S1 there is degenerative disc disease as described and mild bilateral neural foraminal stenosis. He has a broad based disc bulge measuring approximately 4 mm with mild bilateral facet and degenerative changes. There is mild bilateral neural foraminal narrowing. At L4-5 there is a minimal broad base disc bulge measuring approximately 3 mm without significant spinal canal or neural foraminal stenosis. The injured worker has reviewed lumbar epidural steroid injections

in the past and a provocative discogram at L4-5 and L5-S1 on 3-19-12. The provider is requesting authorization of Bilateral (Lumbosacral) L5-S1 Transforaminal Epidural with Epidurography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral (Lumbosacral) L5-S1 Transforaminal Epidural with Epidurography: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral lumbosacral L5-S1 transforaminal epidural steroid injection with epidurography is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks...etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbosacral sprain with radicular symptoms; moderate disc herniation L4-L5; and moderate disc creation L5-S1 with bilateral foraminal stenosis. Date of injury is July 31, 2006. Request for authorization is July 16, 2015. According to an orthopedic inpatient evaluation dated July 16, 2015, the injured worker subjectively complains of low back pain that radiates to the left upper leg. Pain scale is 9/10. The left leg gives way on occasion. Objectively, there is decreased range of motion with normal gait. Neurologically, there are no sensory abnormalities or motor abnormalities. An MRI dated July 14, 2013 shows the L5-S1 disc degeneration with a 3 mm protrusion. EMG and nerve conduction velocity studies were normal. On November 24, 2009, the injured worker had a lumbar ESI at L5-S1 with epidurogram. The injured worker received moderate improvement. There is no percentage improvement and the duration of improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy on physical examination or neurologic evaluation and no corroborating evidence of radiculopathy on MRI or nerve conduction/BMG, bilateral lumbosacral L5-S1 transforaminal epidural steroid injection with epidurography is not medically necessary.