

Case Number:	CM15-0163240		
Date Assigned:	08/31/2015	Date of Injury:	12/15/2007
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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 59-year-old female, who sustained an industrial injury on December 15, 2007. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical disc herniation, severe depression secondary to chronic pain, bilateral posttraumatic arthritis of the carpometacarpal joints of the thumbs, bilateral shoulder impingement syndrome, lumbar degenerative joint disease and first-degree spondylolisthesis with herniated nucleus pulposus, insomnia, chronic thoracic sprain and strain, bilateral carpal tunnel syndrome, bilateral knee overuse and bilateral plantar fasciitis. Treatment to date has included diagnostic studies and medication. On May 6, 2015, the injured worker complained of neck and low back pain, as well as upper extremity and lower extremity bilateral radiating pain. The treatment plan included lumbar laminectomy discectomy and stabilization using instrumentation at L5-S1 and epidural steroid injections at L5-S1. A request was made for lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: Based on the 5/6/15 progress report provided by the treating physician, this patient presents with constant neck and low back pain, with upper extremity and lower extremity bilateral radiating pain. The treater has asked for LESI at L5-S1 on 5/6/15 for "pain management." The request for authorization was not included in provided reports. The patient is s/p MRI findings consistent with stenosis and disc herniation at L5-S1, but original lumbar MRI report was not provided in documentation. The patient has decreased strength/sensation in bilateral lower extremities with diminished lumbar range of motion and X-ray findings consistent with spondylolisthesis with instability of 8mm on flexion-extension X-rays Grade 2 per 5/6/15 report. The treater is recommending a lumbar laminectomy, discectomy and stabilization using instrumentation at L5-S1 per 5/6/15 report. The patient is taking Tramadol, Prilosec and Naproxyn per 4/16/15 report. The patient's work status is not included in the provided documentation. 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 electrodiagnostic 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." In this case, the treater is requesting a lumbar epidural steroid injection at L5-S1 for the management of this patient's chronic lower back pain. Per progress note dated 5/6/15, the provider notes that this patient has been experiencing lower back pain with a radicular component in the bilateral lower extremities. Radiculopathy is substantiated by the 5/6/15 progress report, which includes subjective reports of pain which radiates into the lower extremities, examination findings showing straight leg raise that is positive bilaterally, sensation decreased in bilateral L5 and bilateral S1 dermatomes, and reflexes of bilateral S1 dermatome diminished. However, no electrodiagnostic testing of the lower extremities was included in reports, nor was the lumbar MRI cited in 5/6/15 report, which also provided a diagnosis of "lumbar L5-S1 degenerative joint disease and first degreespondylolisthesis with HNP L5-S1 and L4-5 with nerve root impingement." A utilization review letter dated 7/31/15 notes that "neither MRI nor electrical study corroboration of clinical findings of radiculopathy has been provided." In this case, the patient presents with radicular symptoms and exam findings showing radiculopathy with neurological deficit along the L5-S1 dermatomal distribution. In addition, the treater described HNP with nerve root impingement in report dated 5/6/15. As the patient has not had a prior epidural steroid injection, the requested lumbar ESI at L5-S1 appears reasonable and within MTUS guidelines. Therefore, this request is medically necessary.