

Case Number:	CM15-0165728		
Date Assigned:	09/03/2015	Date of Injury:	12/12/1968
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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 68 year old male with an industrial injury dated 12-12-1968. The injured worker's diagnoses include degeneration lumbar lumbosacral intervertebral disc, spinal stenosis of lumbar region, and thoracic-lumbosacral neuritis and radiculitis unspecified. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine, physical therapy, and periodic follow up visits. In a progress note dated 07-14-2015, the injured worker presented for recheck. The treating physician reported that the injured worker continues with severe pain in the back and radiation into the legs bilaterally. Objective findings revealed moderate generalized tenderness in the lumbar area and impaired sensation in L5 distribution, left worse than the right. Antalgic gait and positive bilateral straight leg raises were also noted on exam. The treating physician reported that the injured worker was unable to tolerate medications due to severe gastrointestinal discomfort and the treating physician prescribed services for one bilateral lumbar epidural steroid injection at L4-5, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral lumbar epidural steroid injection at L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents on 07/14/15 with severe lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 12/12/68. Patient is status post lumbar laminectomy from L3 to S1 levels on 08/08/14. The request is for 1 BILATERAL LUMBAR EPIDURAL STEROID INJECTION AT L4-5. The RFA is dated 07/21/15. Physical examination dated 07/14/15 reveals tenderness to palpation of the lumbar region, decreased sensation to touch and pin in the L5 dermatomal distribution bilaterally (left worse than right), and positive straight leg raise test bilaterally. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the lumbar spine dated 01/14/15, significant findings include: "L4-5: The disc space is moderately narrowed with severe desiccation... minimal grade 1 anterior and right lateral listhesis of L4 on L5. There is a degenerated bulging disc mildly impressing on the ventral thecal sac also extending into the right neural foramen causing a moderate degree of right foraminal stenosis and abutment of the exiting right L4 nerve. Posterior laminectomy defects are present." Patient's current work status is not provided. 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 ESI at the L4-L5 level for the management of this patient's chronic lower back pain. Per progress note dated 07/14/15, the provider documents subjective complaints of radiculopathy in the lower extremities, positive neurological findings of decreased sensation along the L5 dermatomal distribution, and positive straight leg raise test bilaterally. Diagnostic MRI dated 01/14/15 also provides evidence of disc degeneration and nerve root abutment at the requested levels. The documentation provided satisfies MTUS criteria for an epidural steroid injection, which could produce benefits for this patient. Therefore, the request IS medically necessary.