

Case Number:	CM15-0169899		
Date Assigned:	09/10/2015	Date of Injury:	07/14/2010
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

he injured worker is a 54 year old male, who sustained an industrial injury on 7-14-10. The injured worker has complaints of back pain that radiates down both legs. The injured worker has pain in the right ankle, numbness in the left thigh and chronic back pain. The injured workers right leg is painful and weak in the morning or after inactivity. His combined axial and radicular complaints are related to mowing the lawn, standing more than 15 minutes, sitting more than 60 minutes, lifting more than five pounds or washing the dishes standing and leaning forward. The documentation noted that standing erect is extremely painful along with stationary standing and slow deliberate walking. The injured worker has numbness of the left anterior thigh from the groin to the knee, denies any left leg pain and has right ankle and foot frequently give out from under him when he walks rapidly or ambulates on uneven terrain. The documentation on 8-6-15 noted that the injured workers recent magnetic resonance imaging (MRI) showed numerous abnormalities. X-rays show evidence of a left L1-2 and a right L2-3 laminectomy defect, there was a retrolisthesis of L1 on L2 and had severe narrowing of the L5-S1 (sacroiliac) intervertebral disc space and right L3-4 intervertebral disc space. Magnetic resonance imaging (MRI) of the lumbar spine on 5-27-15 showed a recurrent left L1-L2 disc herniation with left-sided foraminal stenosis, there are postoperative changes at L2-3 without central or foraminal stenosis and there is central spinal canal stenosis at L3-4 with ligamentum flavum buckling and facet hypertrophy. The diagnoses have included recurrent left L1-L2 disc protrusion with spinal stenosis; status post right L2-3 laminectomy and discectomy; L3-4 degenerative spondylosis, spinal stenosis and neurogenic claudication and L5-S1 (sacroiliac) spondylosis with central spinal canal narrowing. Treatment to date has included right L2-L3 laminectomy and discectomy; left L1-L2 surgery; L3-4 and L5-S1 (sacroiliac) transforaminal steroid injection

on 8-15-14 and Oxycodone with pain relief. The documentation noted that the injured worker gets pain relief with traction, lying in a recliner or lying in the supine position with his hips and knees partially flexed. The original utilization review (8/18-15) non-approved a request for right L3-4 and L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 and L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: In this case, the claimant does not have radicular symptoms a month prior to the request. Recent progress notes indicate pain and paresthesias but the level was not defined. MRI findings do not indicate cored impingement. The claimant has had surgery and numerous interventions for surgery. Invasive procedures provide short-term benefit. The request for an ESI for L3-L4 and L5-S1 does not meet the guidelines criteria and is not medically necessary.