

Case Number:	CM15-0180301		
Date Assigned:	09/22/2015	Date of Injury:	02/16/2015
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 67 year old male, who sustained an industrial injury on 2-06-2015. The injured worker was diagnosed as having bilateral lower extremity radiculopathy, multilevel lumbar spondylosis maximally at L4-5 and L5-S1, as well as L3-4 to a lesser extent, and 6-7mm central disc protrusion at L4-5 and a 5mm central disc bulge at L5-S1, 4-5mm bulge at L2-3, L3-4. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Currently (8-07-2015), the injured worker was seen for follow-up evaluation regarding his lumbar spine, without specified complaints documented. Complaints of constant low back pain, rated 4-5 out of 10, were noted on 7-31-2015. Exam of the lumbar spine demonstrated no focal midline or paraspinal tenderness. Forward flexion was 35 degrees and extension 20 degrees. Motor strength was decreased on the right, noting 4 of 5 iliopsoas and 5- of 5 quadriceps. Motor strength was decreased on the left, noting 5- of 5 quadriceps, 4 of 5 tibialis anterior, and 4- of 5 extensor hallucis longus. Deep tendon reflexes were absent, except right Achilles 1. Sensation was within normal limits in the bilateral lower extremities. Straight leg raise was 80 degrees bilaterally. Electromyogram and nerve conduction studies of the bilateral lower extremities (8-04-2015) were consistent with bilateral L5, S1 radiculopathy. Magnetic resonance imaging of the lumbar spine (7-31-2015) noted L4-L5 disc desiccation, 4-5mm circumferential disc bulge causing anterior impression on the thecal sac, bilateral facet hypertrophy, mild bilateral lateral recess narrowing, and mild narrowing of the inferior recesses of the bilateral neural foramina. At L5-S1, the disc was desiccated and degenerated, with a 6-7mm central disc protrusion, bilateral facet arthropathy, resulting in moderate to severe bilateral foraminal stenosis, and mild bilateral lateral recess narrowing. The treatment plan included lumbar spine epidural block at L4-5 and L5-S1, modified to intra-laminar epidural steroid injection at L5-S1 x1 by Utilization Review on 8-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural block (LSEB) at L4-5, L5-S1: Upheld

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: Regarding the request for Lumbar spine epidural block (LSEB) at L4-5, L5-S1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injection. Additionally, there are no electrodiagnostic studies corroborating the diagnosis of radiculopathy at L4-5. Finally, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy at bilateral L4-5 and L5-S1. Since guidelines recommend that no more than one interlaminar level, or two transforaminal levels should be injected at one session; it is unclear if the request was for two interlaminar levels or if it was for two transforaminal levels, if those transforaminal levels are to be bilateral or one sided. In the absence of such documentation, the currently requested Lumbar spine epidural block (LSEB) at L4-5, L5-S1 is not medically necessary.