

Case Number:	CM15-0183940		
Date Assigned:	09/28/2015	Date of Injury:	12/03/2009
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male, who sustained an industrial injury on 12-03-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain with radiculopathy, lumbar degenerative disc disease, and lumbar disc displacement. Medical records (04-28-2015 to 09-03-2015) indicate ongoing low back pain that radiates to both lower extremities. Pain levels were 6-8 out of 10 on a visual analog scale (VAS) with medications, and 10 out of 10 without medications. These pain levels have been showing slight increases throughout these dates of service. Records also indicate increased activity levels with increased walking and stretching. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam of the lumbar spine, dated 08-05-2015, revealed loss of normal lordosis, restricted range of motion with flexion limited to 35 and extension to 5°, tenderness, spasms, hypertonicity and tight muscle bands in the paravertebral muscles, spinous process tenderness at L4-5, inability to heel or toe walk, tenderness over the sacroiliac spine, positive straight leg raises on the left, and decreased reflexes in the lower extremities. There were no changes from previous exam on 07-29-2015. Relevant treatments have included L3-4 lumbar laminectomy (2014), cervical fusion (2012), lumbar laminectomy (2013), left L3, L4 and L5 laminotomy with left L3, L4 and L5 discectomy and foraminotomy with decompression (2013), physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that MRI of the lumbar spine (07-20-2014) showed post-operative changes. The request for authorization (09-03-2015) shows that the following procedure was requested: left transforaminal lumbar epidural injection at L4-L5, L5-S1 and L5. The original

utilization review (09-08-2015) non-certified the request for left transforaminal lumbar epidural injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal lumbar epidural injection at L4-L5, L5-S1 and L5: 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 claimant sustained a work injury in December 2009 and underwent lumbar spine surgery in March 2013 and January 2014. MRI scans of the lumbar spine include findings of left-sided postsurgical changes with multi-level left lateralized foraminal narrowing and nerve displacement. He underwent a left two level transforaminal epidural injection in November 2013. When seen, he was having increasing left lower extremity radicular pain and worsening foot drop. Physical examination findings included left lower extremity weakness with decreased sensation and decreased left ankle reflex. Authorization is being requested for a lumbar transforaminal epidural injection at "L4-5, L5-S1, and L5." Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength, sensation, and ankle reflex and imaging is reported as showing findings consistent with findings of left lumbosacral radiculopathy. He has not had an epidural steroid injection since surgery in January 2014. The levels in the report are not properly listed, but would represent a two level transforaminal epidural steroid injection across the L4/5 and L5/S1 foramina. The L5 nerve would not be a separate injection as it is the same as injection at L5/S1. The RFA is correctly submitted. The requested epidural steroid injection is medically necessary.