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| Case Number: | CM15-0184730 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 10/04/2012 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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 38 year old male, who sustained an industrial-work injury on 10-4-12. He reported initial complaints of neck, back, and right knee pain. The injured worker was diagnosed as having cervical radiculitis, lumbar radiculopathy, and right knee pain. Treatment to date has included medication, diagnostics, and ESI (epidural steroid injection) to right L4-S1 on 8-19-14 with good improvement (50-80% with 4-month duration). MRI results were reported on 11-21-12 that demonstrated L3-4 arthritic changes, L4-5 partial dehydration of the disc, L5-S1 a 5% decrease in disc height with 3-4 mm posterior disc protrusion with an annular tear and encroachment of the epidural fat and foramina bilaterally with compromise on nerve roots, and arthritic changes of the facet joints. Currently, the injured worker complains of neck pain, low back pain that is constant and radiates down the bilateral lower extremities, upper extremity pain in the left wrist, lower extremity pain in the right knee, and low back pain. Pain is rated 4-6 out of 10 with medication and 6-7 without medication. There are limitations in performing ADL's (activities of daily living). Per the primary physician's progress report (PR-2) on 2-24-15, exam noted tenderness of the cervical spine at C5-7, range of motion of motion slightly to moderately limited with pain, significant increase in cervical pain flexion, extension, and rotation, decreased sensation of the left upper extremity affected by the dermatome of C6, tenderness with palpation of the spinal vertebral area of L4-S1 levels with range of motion moderately limited due to pain, positive straight leg raise at 70 degrees, tenderness to the left shoulder with decreased range of motion due to pain, and tenderness of the right knee. The Request for Authorization requested service to include one bilateral L5-S1 interlaminar lumbar epidural under fluoroscopy. The Utilization Review on 9-2-15 denied the request for include one bilateral L5-S1 interlaminar lumbar epidural under fluoroscopy, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L5-S1 interlaminar lumbar epidural under fluoroscopy: 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 October 2012 and is being treated for neck, low back, and right knee pain. When seen, he was having radiating low back pain into the lower extremities. He was having bilateral symptoms with pain rated at 5-7/10. A right L4-S1 transforaminal epidural steroid injection in April 2015 had provided 75% improvement lasting for two months. Physical examination findings included lumbar tenderness with decreased right lower extremity strength and sensation. Right straight leg raising was positive. Being requested is a bilateral interlaminar epidural steroid injection with the request indicating that the reason is for better spread of the injectate. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant had 75% pain relief lasting for two months after the injection performed in April 2015. Although it is somewhat unclear whether a single interlaminar epidural steroid injection or two interlaminar epidural steroid injections at the same level is being requested, guidelines only prohibit performing an interlaminar epidural steroid injection at more than one level. The requested epidural steroid injection is therefore within applicable guidelines and is medically necessary.