

Case Number:	CM15-0185415		
Date Assigned:	09/25/2015	Date of Injury:	04/19/2014
Decision Date:	11/06/2015	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: 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 59-year-old male, who sustained an industrial injury on April 19, 2014. He reported feeling his back "popped" with pain along with numbness and tingling in his legs and feet. The injured worker was currently diagnosed as having left S1 radiculopathy, lumbar lumbosacral disc degeneration and encounter for long-term use of other medications. Treatment to date has included psychological evaluation, diagnostic studies, extensive physical therapy, surgical evaluation, chiropractic treatment without "minimal" relief and medication. On August 26, 2015, physical examination of the lumbar spine revealed restricted range of motion due to pain. He could not walk on his heels and toes. Lumbar facet loading was noted to be positive on both of the sides. Straight leg raising test was positive on both sides in supine position at 50 degrees. He was noted to currently be dependent on opioids to function. The treatment plan included consideration for addition of TCA, continue medications, return for Norco refill next month, bilateral L5-S1 transforaminal epidural steroid injection, possible lumbar facet locks for the axial low back pain, consideration for water therapy after epidurals, consideration for acupuncture trial and continuation for psychological treatments. On September 2, 2015, utilization review denied a request for bilateral lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection at L5-S1: 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 current request is for a BILATERAL LUMBAR EPIDURAL STEROID INJECTION AT L5-S1. The RFA is dated 08/26/15. Treatment to date has included psychological evaluation, diagnostic studies, extensive physical therapy, surgical evaluation, chiropractic treatment without "minimal" relief and medication. The patient is working light duty. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." 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. Per report 08/26/15, the patient present with feeling his back "popped" with pain along with numbness and tingling in his legs and feet. The injured worker was currently diagnosed as having left S1 radiculopathy, lumbar lumbosacral disc degeneration and encounter for long-term use of other medications. Physical examination of the lumbar spine revealed restricted range of motion due to pain, the patient could not walk on his heels and toes, motor strength is diminished, lumbar facet loading was positive on both of the sides, and straight leg raising test was positive on both sides in supine position at 50 degrees. Treatment plan included bilateral L5-S1 transforaminal epidural steroid injection, due to clinical findings. MRI of the lumbar spine from July 2014 revealed, moderate lumbar spondylosis, and multilevel moderate bilateral foraminal stenosis. EMG done on March 18, 2015 showed radiculopathy at the S1 level. There is no indication of prior ESI's. In this case, patient presents with low back pain radiating to lower extremities, and radiculopathy is documented in physical examination findings with positive straight leg raise. Furthermore, the EMG findings corroborate radiculopathy. Given the dermatomal distribution of pain documented by physical examination findings and corroborated by electrodiagnostic study, the request appears to meet MTUS guidelines indication. Therefore, the request IS medically necessary.