

Case Number:	CM15-0188065		
Date Assigned:	09/30/2015	Date of Injury:	07/19/2007
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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 59 year old female, who sustained an industrial injury on 7-19-07. The injured worker was diagnosed as having lumbar disc displacement intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis; malagia and myositis; lumbosacral joint strain; osteoarthritis generalized. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-17-15 indicated the injured worker returns for a follow-up and notes she continues to utilize Ultram 2 tables twice a day in general and reports it is helpful. The injured worker, however, complains of pain being much more prominent with radiation down the leg. She is interested in having a lumbar epidural injection. She reports that a Toradol injection (on 8-14-15) helped partially, but her pain is still quite severe. On examination the provider documents "Tenderness is noted along the lumbar paraspinal muscles, ileolumbar and sacroiliac regions. Straight leg raising on the left is positive causing pain that radiates down the distal leg. Her gait is antalgic and slow. Neurologic exam reveals 1+ reflexes in the left ankle and 2+ in the right, 2+ and symmetrical in the knees. Neurologic exam is otherwise intact." He documents she has a history of L5-S1 disc herniation, status post laminectomies and discectomies x2 (no dates). He notes "she appears to have had a recurrent disc extrusion at the left L5-S1 level likely causing left S1 radiculopathy." He is requesting a left L4-L5 interlaminar epidural steroid injection with anesthesia. A PR-2 note dated 7-1-15 indicates the injured worker returned to the office as a follow-up visit. The provider documents "she indicates her pain symptoms are still prominent in the low back and radiate down the left leg. The medications including Mobic, Ultram and Flexeril are all useful. She is running low on Mobic and needs a

refill. Our request for acupuncture has been denied." On physical examination, the provider documents "Tenderness is noted along the lumbar paraspinal muscles, ileolumbar and sacroiliac regions. Back pain is noted on range of motion. Lumbar range of motion is 50% of normal. Her gait continues to be antalgic and somewhat slow. Neurologic exam is intact." A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 8-28-15 and non-certification for Left L4-L5 interlaminar epidural steroid injection with anesthesia. A request for authorization has been received for Left L4-L5 interlaminar epidural steroid injection with anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 interlaminar epidural steroid injection w/anesthesia: 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: The claimant has a remote history of a work injury occurring in July 2007 and is being treated for chronic back pain. She has a history of an L5/S1 disc herniations with two surgeries performed in August 2007 and November 2007 and a repeat surgery for a recurrent disc herniation in February 2008. An MRI of the lumbar spine in March 2013 included findings of a left lateralized disc protrusion with S1 nerve root compression. A left lumbar epidural injection was done by the requesting provider in April 2013. When seen for follow-up in May 2013 the injection had not helped. When seen, she was having back pain with radiating symptoms into the leg. Physical examination findings included positive left straight leg raising. There was an antalgic and slow gait. There was a decreased left ankle reflex. A repeat epidural steroid injection is being requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the claimant had no benefit after the previous injection in 2013. A repeat lumbar epidural steroid injection is not considered medically necessary.