

Case Number:	CM15-0190065		
Date Assigned:	10/02/2015	Date of Injury:	10/20/1998
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 57 year old male with a date of injury of October 20, 1998. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain, lumbar radiculitis, chronic pain syndrome, and lumbar post laminectomy syndrome. Medical records dated June 12, 2015 indicate that the injured worker complained of persistent lower back pain. A progress note dated September 4, 2015 documented complaints of increased lower back pain right greater than left with occasional pain radiating down the right leg. The physical exam dated June 12, 2015 reveals loss of lumbar lordosis, moderate lumbar paravertebral spasms, tenderness to palpation of the right lumbar paraspinal muscles, and limited range of motion of the lumbar spine. The progress note dated September 4, 2015 documented a physical examination that showed no changes since the examination conducted on June 12, 2015 with the exception of positive straight leg raise test on the right and subjective paresthesias in the L5 and S1 dermatomes. Treatment has included lumbar spine surgery (May 28, 2014), medications (Celebrex, OxyContin, Oxycodone, Restoril, and Zanaflex since at least February of 2015; Lyrica since May of 2015), twelve sessions of physical therapy, and magnetic resonance imaging of the lumbar spine (June 15, 2015) that showed status post posterior fusion at and decompression changes at L2-3, and mild multilevel degenerative changes of the lumbar spine most pronounced at L3-4 and L4-5. The original utilization review (September 17, 2015) partially certified a request for lumbar epidural steroid injection at L5-S1 (original request for lumbar epidural steroid injection at L4-5 versus L5-S1).

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI x 3 at L4-L5 vs L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute & Chronic).

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 October 1998 and underwent a lumbar spine fusion in May 2014 and cervical decompression and fusion in November 2014. An MRI of the lumbar spine in June 2015 included findings of postsurgical changes and diffuse disc bulging with foraminal narrowing with mild foraminal narrowing and mild canal stenosis without lateralization. When seen, he was having increasing right greater than left low back pain with occasional pain radiating down the right leg. Physical examination findings included a body mass index of nearly 28. There was positive right straight leg raising. There was normal lower extremity strength. There was decreased lumbar spine range of motion with moderate paravertebral spasms. There were lower extremity paresthesias. Authorization is being requested for a series of three lumbar epidural injections. 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, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. There are no right lateralizing findings by recent MRI and no findings of neural compromise at any level. A series of three injections is not recommended in either the diagnostic or the therapeutic phase. For any of these reasons, the request is not medically necessary.