

Case Number:	CM15-0194375		
Date Assigned:	10/08/2015	Date of Injury:	07/02/2009
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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 injured worker is a 59 year old male, who sustained an industrial injury on 07-02-2009. The injured worker was diagnosed as having long term medication NEC, syndrome post-laminectomy - lumbar and cervical disc displacement. On medical records dated 09-16-2015 and 08-13-2015, the subjective complaints were noted as chronic low back pain. Pain was rated as 10 out of 10, and with use of medication pain was noted as 7 out of 10 and reduced as 30%. Objective findings were noted as lumbar spine revealed tenderness to palpation, the lumbosacral junctions with associated muscle tension extending into the mid back. Range of motion of lumbar spine was decreased, sensation was intact to light touch at the bilaterally lower extremities. Straight leg raise was positive on the right, deep tendon reflexes were 2+ and equal at the patella and Achilles. Treatments to date included medication, surgical intervention, lumbar epidural steroid injections in the past, psychiatric treatment, functional restoration program and failed spinal cord stimulator. The injured worker underwent laboratory studies. Current medications were listed as Fluoxetine-Prozac, Buprenorphine HCL sublingual, Lorazepam, Ranitidine, Zolpidem tartrate and Zyprexa. The Utilization Review (UR) was dated 09-25-2015. A Request for Authorization was dated 09-16-2015 for the request for bilateral transforaminal lumbar epidural steroid injection (LESI) at L4-L5 and L5-S1, lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast dye. The UR submitted for this medical review indicated that the request for bilateral transforaminal lumbar epidural steroid injection (LESI) at L4-L5 and L5-S1, lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast dye was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal lumbar epidural steroid injection (LESI) at L4-L5 and L5-S1, lumbar epidurogram, IV sedation, fluoroscopic guidance & contrast dye: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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 July 2009 as the result of a fall. He has a history of lumbar spine surgery in 1994. An MRI of the lumbar spine in April 2015 included findings of multilevel foraminal narrowing bilaterally ranging from mild at L5/S1 to marked at L4/5. When seen, he was having back pain with bilateral lower extremity radiating symptoms. He had pain rated at 10/10, reduced by 30% with medications. He was having numbness and tingling in both feet. Physical examination findings included lumbar tenderness with decreased range of motion. Straight leg raising was mildly positive on the right side. Strength, sensation, and reflexes were normal. Authorization was requested for bilateral transforaminal 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 support a diagnosis of radiculopathy. The requested epidural steroid injection is not considered medically necessary.