

Case Number:	CM15-0196572		
Date Assigned:	10/12/2015	Date of Injury:	04/08/2003
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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 66 year old male, who sustained an industrial injury on 04-08-2003. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for degenerative scoliosis, degenerative lumbar spondylolisthesis, multilevel lumbar stenosis, bilateral radiculopathy, high blood pressure, glaucoma, high cholesterol, osteoarthritis, scoliosis, depression, and acid reflux. Medical records (08-14-2015) indicate ongoing and progressive difficulty ambulating and low back pain with radiating pain down both legs. Pain levels were 7 out of 10 on a visual analog scale (VAS) and noted as constant. Activity level and level of functioning were no discussed. Per the treating physician's progress report (PR), the IW has permanent and stationary; however, ability to work or work status was not specified. The physical exam, dated 08-14-2015, revealed weakness in the left greater than right extensor hallucis longus and anterior tibial (4 out of 5), diminished sensation along the dorsum of the left foot, positive straight leg raise, pain with lumbar extension, and difficulty standing upright. Relevant treatments have included: lumbar decompression surgery (L3-L5), work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (2013) showed severe multilevel disc degeneration with bone-on-bone collapse from L1-L5, degenerative spondylolisthesis at L4-5, and severe foraminal stenosis on the left greater than right at L4-5. The request for authorization (08-24-2015) shows that the following procedure was requested: bilateral L4-5 transforaminal epidural injections. The original utilization review (09-08-2015) non-certified the request for bilateral L4-5 transforaminal epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4/5 transforaminal epidurals: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS 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 (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections.

Decision rationale: The 66 year old patient complains of low back pain radiating to bilateral legs, rated at 7-10/10, as per progress report dated 08/14/15. The request is for Bilateral L4/5 transforaminal epidurals. The RFA for this case is dated 08/24/15, and the patient's date of injury is 04/08/03. The patient is status post left elbow surgery, status post transposition of the ulnar nerve, status post right shoulder surgery, status post L2 to L5 decompression, and status post hernia, as per progress report dated 08/14/15. Diagnoses also included degenerative scoliosis, degenerative spondylolisthesis, multilevel spinal stenosis, and bilateral radiculopathy. Current medications include Ultram, Benazepril, Omeprazole, Simvastatin, Bisoprolol / Hydrochlorothiazide, eye drops, Vitamin D, and Celebrex. The patient is permanent and stationary. The MTUS Chronic Pain Guidelines 2009 has the following regarding ESI under Epidural Steroid Injections (ESIs) section, page 46 and 47, Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections (ESIs), therapeutic state: At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, only one progress report, dated 08/14/15, is available for review, and it does not indicate prior epidural steroid injection to the lumbar spine. The patient does complain of lower back pain radiating to bilateral legs. Physical examination reveals painful lumbar extension, positive straight leg raise, diminished sensation along the dorsum of the left foot, and weakness in right extensor hallucis longus and anterior tibia. MRI of the lumbar spine (date not known), reveals multilevel disc degeneration with disc-on-disc collapse from L1 to L5, and degenerative spondylolisthesis with severe foraminal stenosis at L4-5. Given the radicular pain and corroborating diagnostic evidence, the request for an ESI appears

reasonable and IS medically necessary.