

Case Number:	CM15-0199159		
Date Assigned:	10/14/2015	Date of Injury:	03/01/2002
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 03-01-2002. The injured worker was diagnosed as having low back pain, lumbar facet arthropathy and status post lumbar spinal surgery in 2008. On medical records dated 09-15-2015, the subjective complaints were noted as severe low back pain that radiates to right lower extremity. Pain was noted at 8 out of 10. Objective findings were noted as lumbar spine having a surgical scar over lumbar spine, palpation of lumbar paraspinal muscle elicits moderate tenderness in the lower lumbar are bilaterally, and palpitation of the buttock elicits mild tenderness bilaterally. Straight leg raise was positive on the right and gait was slightly antalgic. Range of motion was limited by 50%, extension was limited by 50% and lateral flexion and rotation was within normal limit. Lumbar flexion, lateral flexion and rotation was noted as painful. MRI of the lumbar spine without contrast on 03-09-2015 revealed L4-L5 progressive narrowing of the L4-L5 interspace was noted as persistent 2 mm retrolisthesis of L4 on L5. A right laminotomy was noted with dorsal extension of the thecal sac to the right laminotomy site. Diffuse circumferential bulging of the L4-L5 disc was noted slightly lateralized to the left by facet joint hypertrophic changes bilaterally resulting in attenuation of the ventral subarachnoid space, moderate severe compression over the left neuroforaminal with impingement on the left L4 nerve root. Treatments to date included home exercise program, lumbar spine surgery in 2008, lumbar epidural injection in 2008, physical therapy and chiropractic therapy, and medication. Current medications were listed as Norco and Soma. The Utilization Review (UR) was dated 09-23-2015. A Request for Authorization was dated 09-16-2015. The UR submitted for this medical review indicated that the request for Left L4 and Right L5 Transforaminal Epidural Steroid Injection under Fluoroscopy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 And Right L5 Transforaminal Epidural Steroid Injection Under Fluoroscopy:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS guidelines, ESI are indicated for those with radiculopathy who have failed conservative measures. The ACOEM guidelines do not recommend ESI s due to their short-term benefit. The claimant does have radicular symptoms as confirmed by MRI. The claimant has not had intervention for over 7 years and is having progressive worsening of symptoms. The request for the lumbar ESI is medically necessary.