

Case Number:	CM15-0200603		
Date Assigned:	10/15/2015	Date of Injury:	02/23/2001
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/13/2015

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 57 year old female who sustained an industrial injury on 2-23-2001. A review of medical records indicates the injured worker is being treated for radicular syndrome of the lower limbs and displacement of lumbar intervertebral disc without myelopathy. Medical records dated 9-3-2015 noted low back pain with right radiculopathy with a herniated disc at the L4-5 level. Back soreness became worse with standing over 15 minutes with shooting pain from the neck to low back. Physical examination noted focal tenderness on the right and left posterior pelvic brim to palpation. She had fatigability of the right foot to dorsiflexion. There was alteration in sensation noted of the dorsom of the left foot as well as the lateral calf. Treatment has included an epidural steroid injection on 7-2015, which lasted for several weeks, but wore off three weeks later. Utilization review form dated 9-24-2015 noncertified a right L4-5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2001 when she twisted and fell with injuries including to the low back. Recent treatments include physical therapy with completion of six sessions in March 2015. An MRI of the lumbar spine in November 2014 included findings of an L4/5 disc extrusion with severe canal stenosis and right lateralized foraminal narrowing. Electrodiagnostic testing is reported as showing evidence of a right L4/5 radiculopathy. An epidural injection in July 2015 is referenced as lasting for several weeks but wearing off three weeks afterwards. She underwent an interlaminar epidural injection. The L4/5 interspace was not accessible and the injection was done at the L3/4 level. Contrast was used during the procedure showing appropriate flow of the injectate. When seen, she was having right greater than left low back soreness with frequent radiating symptoms into the right lower extremity with dysesthesias and tingling. She was noted to ambulate with a walker. Physical examination findings included posterior pelvic brim tenderness. There was slight fatigability of the right foot with dorsiflexion. There was altered left lower extremity sensation. Authorization is being requested for a second epidural injection. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or 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, the claimant had a positive response to the first injection. She has severe stenosis at the L4/5 level and has right lower extremity weakness and left lower extremity sensory deficits. The epidural steroid injection in July 2015 was technically difficult and a bilateral transforaminal epidural steroid injection at the L4/5 level should be considered. A second diagnostic epidural steroid injection is considered medically necessary.