

Case Number:	CM15-0204153		
Date Assigned:	10/20/2015	Date of Injury:	07/11/2014
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/16/2015

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: Emergency Medicine

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 60-year-old female, who sustained an industrial injury on 07-11-2014. She has reported injury to the right shoulder and low back. The diagnoses have included lumbar spine sprain-strain; L4-L5 spondylolisthesis; L5-S1 disc protrusion; lumbar facet arthropathy; recurrent lower back and left lumbosacral radiculopathy; and right shoulder sprain-strain. Treatment to date has included medications, diagnostics, activity modification, and lumbar epidural steroid injection. Medications have included Ibuprofen, Tramadol, Diclofenac, Dicopanol, Deprizine, Fanatrex, Synapryn, and Tabradol. A progress report from the treating provider, dated 09-23-2015, documented an evaluation with the injured worker. The injured worker reported that she is having worsening of lower back and left leg pain; the pain radiates down the posterior aspect of the left leg and into the calf; and she gets numbness and weakness. It is noted that the injured worker underwent lumbar epidural injection seven months ago, which provided significant improvement, lasting for at least four months with greater than 50% reduction of pain. Objective findings have included positive straight leg raising test of the left leg for radicular pain; decreased sensation over the L4 and L5 distribution; and motor exam reveals weakness of left foot dorsiflexion as compared to the right. The provider noted the injured worker has "L4-L5 spondylolisthesis and L5-S1 disc protrusion on MRI scan". The treatment plan has included the request for post-operative follow up visit; and lumbar epidural steroid injection. The original utilization review, dated 10-08-2015, non-certified the request for post-operative follows up visit; and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative follow up visit: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The requested Post-operative follow up visit, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has worsening of lower back and left leg pain; the pain radiates down the posterior aspect of the left leg and into the calf; and she gets numbness and weakness. It is noted that the injured worker underwent lumbar epidural injection seven months ago, which provided significant improvement, lasting for at least four months with greater than 50% reduction of pain. Objective findings have included positive straight leg raising test of the left leg for radicular pain; decreased sensation over the L4 and L5 distribution; and motor exam reveals weakness of left foot dorsiflexion as compared to the right. The provider noted the injured worker has "L4-L5 spondylolisthesis and L5-S1 disc protrusion on MRI scan". The treating physician has documented the medical necessity for an epidural injection as well as a post-operative visit. The criteria noted above having been met, Post-operative follow up visit is medically necessary.

Lumbar epidural steroid injection: Overturned

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

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

Decision rationale: The requested Lumbar epidural steroid injection, is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "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." The injured worker has worsening of lower back and left leg pain; the pain radiates down the posterior aspect of the left leg and into the calf; and she gets numbness and weakness. It is noted that the injured worker underwent lumbar epidural injection seven months ago, which provided significant improvement, lasting for at least four

months with greater than 50% reduction of pain. Objective findings have included positive straight leg raising test of the left leg for radicular pain; decreased sensation over the L4 and L5 distribution; and motor exam reveals weakness of left foot dorsiflexion as compared to the right. The provider noted the injured worker has "L4-L5 spondylolisthesis and L5-S1 disc protrusion on MRI scan." The treating physician did document the percentage and duration of relief from the previous epidural injection. The criteria noted above having been met, Lumbar epidural steroid injection is medically necessary.