

Case Number:	CM15-0021064		
Date Assigned:	02/10/2015	Date of Injury:	04/16/2008
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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, 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 60 year old male, who sustained an industrial injury on 4/16/08. He has reported neck and back injury after lifting a ladder to hook. The diagnoses have included lumbosacral spine pain, lumbosacral spine degenerative disc disease (DDD), lumbosacral spine radiculopathy, and lumbosacral spine spinal stenosis. Surgeries included status post anterior cervical fusion with possible pseudoarthritis, and status post lumbar microdiscectomy. Treatment to date has included medications, epidural steroid injections, surgery, diagnostics and physical therapy. Currently, the injured worker complains of low back pain and left lower leg pain which has decreased, He reports sudden movements cause a momentary increase in back pain but overall the low back pain and left leg pain has improved 80 percent. He also has left knee pain and is seeing a specialist who has recommended surgery. Physical exam revealed spasms in the lumbar spine and restricted lumbar range of motion. He states that he has had significant relief in low back and left leg pain with the first epidural steroid injection with up to 80 percent relief of pain noted. Work status was to remain off work until 1/15/15 total temporary disability. Computed Tomography (CT) scan of the cervical spine dated 4/19/12 revealed evidence of extensive fusion throughout the cervical spine with plate and cortical screws noted with relatively incorporated bone grafts. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/1/14 revealed grade I retrolisthesis, disc desiccation, posterior annular tear within the intervertebral disc, disc bulging, neural foraminal narrowing and stenosis. A report dated August 19, 2014 indicates that the patient complains of pain in the low back radiating over the quadriceps, tibialis anterior, and foot on the left side with some numbness. The patient has

previously used medications, massage, chiropractic treatment, physical therapy, and surgery. Physical examination reveals positive straight leg raise with pain radiating into the left calf. MRI shows severe stenosis at L1-2 and L2-3 as well as severe foraminal stenosis from L3-4 through L5-S1. An epidural injection was recommended. A progress report dated November 18, 2014 states that the patient had 80% relief in his low back and left leg pain after the 1st epidural injection. A 2nd epidural injection is requested. A procedure report indicates that the epidural steroid injection was performed on October 22, 2014. On 1/23/15 Utilization Review non-certified a request for inject spine lumbar/sacral, noting that the medical records and guidelines do not support the epidural steroid injection or inject spine lumbar/sacral. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

inject spine lumbar/sacral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.