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| Case Number: | CM15-0028615 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 04/01/2008 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Florida

Certification(s)/Specialty: Neurology, 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 62 year old male, who sustained an industrial injury on 4/1/2008. The diagnoses have included lumbar radiculopathy and spinal stenosis of the lumbar region. Treatment to date has included surgical intervention, epidural steroid injection (ESI) and medication. According to the Primary Treating Physician's Progress Report dated 1/20/2015, the injured worker returned after not being seen for nearly two years. He reported a significant increase in pain in the left leg and low back radiating down the lateral left leg to the left heel. Physical exam revealed a mildly antalgic gait. Straight leg raise was positive for left L5 radicular pain. Treatment plan was to refer for spine consultation to consider possible injection. Per the Consultative Evaluation and Opinion dated 2/4/2015, the injured worker was seen for a spine consult after having repeat magnetic resonance imaging (MRI). The injured worker complained of low back pain radiating into the left leg. Physical exam noted decreased range of motion in the lumbar spine, pain with extension, and weakness in the left ankle and toe. It was noted that postsurgical changes were seen on MRI, as well as multilevel stenosis, neural foraminal narrowing at L5/S1 as well as a disc osteophyte complex at the same level. The spine consultation recommended a L5-S1 transforaminal epidural steroid injection (ESI) to decrease inflammation. It was noted that a previous injection helped 30% - 50% pain relief for many months and there was functional improvement as well. On 2/16/2015, Utilization Review (UR) non-certified a request for an Epidural Steroid Injection (ESI) at L5-S1. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections (ESI) L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

Decision rationale: The medical records provided for review document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection and reports objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. There was 30-50% improvement for couple of months with reported functional gain. There are reported imaging findings showing corroboration at L5/S1. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do support the use of ESI congruent with ODG guidelines.