

Case Number:	CM15-0029493		
Date Assigned:	02/19/2015	Date of Injury:	07/03/2013
Decision Date:	04/08/2015	UR Denial Date:	01/15/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old, male patient, who sustained an industrial injury on 07/03/2013. A comprehensive pain management visit dated 01/06/2015 reported chief complaint of persistent intractable low back pain with right leg radiation into the foot. Prior treatment included, oral medication, therapy, injections, chiropractic therapy and surgical intervention 08/26/2014, hemi-laminectomy, discectomy at L3-4 and L4-5. Radiographic study performed on 01/02/2015 revealed post-operative changes now found at L3-4 level with right sided laminectomy and partial right sided facetectomies. Type I endplate degenerative changes are now present. His current medication regimen includes; Percocet 10/325MG. A request was made asking for a left sided epidural steroid injection. On 01/15/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Epidural Injections was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (epidural steroid injection) at L4-5x1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: This patient presents with lower back pain, right leg/foot pain and is s/p L3-4 foraminal discectomy and right L4-5 posteriolateral discectomy and hemilaminectomy from 8/21/14. The treater has asked for ESI EPIDURAL STEROID INJECTION AT L4-5 X 1 on 1/8/15. A 1/2/15 lumbar MRI revealed "approximately 50% loss of disc height at L4-5 and recurrent disc herniation. Pre-op lumbar MRI revealing multiple disc herniations most notably at L3-4 where an extruded disc fragment extends inferior within the ventral peidural space" per 1/8/15 report. A 7/10/14 lumbar MRI showed a moderate annular bulge of the L4-5 intervertebral disc with a 5mm right lateral recess extrusion extending 8mm caudal to the intervertebral disc space level. Severe right L5 subarticular recess stenosis with L5 nerve root compression". The 1/8/15 report shows a positive straight leg raise, with 4/5 strength in the right tibialis anticus and EHL. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has back pain with radicular symptoms radiating to the right leg/foot, and a physical exam showing decreased strength in the tibialis anterior and EHL. An updated MRI confirms a 5mm right lateral recess recurrent extrusion despite recent surgery for discectomy. The treater has requested an ESI which is reasonable. The request IS medically necessary.