

Case Number:	CM15-0029568		
Date Assigned:	02/23/2015	Date of Injury:	12/06/2010
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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, Hawaii
 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 52 year old male, who sustained an industrial injury on 12/6/2010. The current diagnoses are spondylolisthesis of L4 on L5 with facet arthrosis and status post lumbar laminectomy L4-L5. Currently, the injured worker complains of persistent low back pain with radiation to the left leg. Current medications are Norco, Ibuprofen, Gabapentin, and Simvastatin. The physical examination of the lumbar spine revealed focal tenderness over the lumbosacral junction. Lumbar range of motion causes pain at end range, extension more than flexion. Treatment to date has included medications, injections, and surgery. MRI of the lumbar spine dated 12/19/2013 describes disc disease with grade I spondylolisthesis of L4 on L5. There is a disc bulge at L3-L4 with facet enlargement and a smaller disc protrusion at L5-S1. The treating physician is requesting lumbar epidural steroid injection, which is now under review. On 2/2/2015, Utilization Review had non-certified a request for lumbar epidural steroid injection. The lumbar epidural steroid injection was non-certified based on no significant improvement with previous epidural steroid injection. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with persistent low back pain with radiation to the left leg. The current request is for Lumbar Epidural Steroid Injection. The injured worker is working full time. The treating physician states on 1/20/15 (25B), "he clearly has facet enlargement on imagining studies with spondylolisthesis. Diagnostic medial branch blocks are indicated to rule out the facets as a source of pain. The physician goes on to state the patient had "no relief with foraminal injections, but I would recommend we repeat this using a caudal approach. Therefore, we have requested authorization for a caudal epidural injection." And finally the physician notes, "he has been through several courses of rehab." Regarding ESI MTUS Guidelines state, recommended as an option for treatment of radicular pain. MTUS goes on to define specific criteria for use. Criteria for the use of ESI: Radiculopathy must be documented and corroborated by imagining studies and/or electrodiagnostic testings. Initially unresponsive to conservative treatment and if used for diagnostic purpose, a maximum of two injections should be performed. In this case, the clinical history has documented the patient has radicular pain but the exam findings state, straight leg raising is negative, lumbar range of motion causes pain at end range, extension more than flexion. Some focal tenderness over the lumbosacral junction. The MRI dated 12/19/13 indicates spondylolisthesis of L4 on L5, disc bulge at L3/4 and disc protrusion at L5/S1. The clinical history also demonstrates the patient has been unresponsive to conservative treatment and that the physician seeks to use the ESI for diagnostic purpose. This request represents the second request for diagnostic ESIs. The first ESI was not effective given the foraminal approach and the physician is requesting a caudal approach now. The current request is for a lumbar ESI and there is no specific level indicated in the treating physician report dated 1/20/15. Additionally there are no examination findings indicating the patient has radiculopathy and the MRI does not corroborate nerve root involvement. The current request is not medically necessary and the recommendation is for denial.