MAXIMUS Federal Services

Case Number:	CM15-0211732		
Date Assigned:	10/30/2015	Date of Injury:	03/29/2004
Decision Date:	12/16/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/28/2015

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:

This is a 48 year old male with a date of injury of March 29, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for severe lumbosacral disc desiccation. Medical records dated July 1, 2015 indicate that the injured worker complained of severe pain in the low back radiating to the bilateral legs, and some urinary urgency that was chronic. A progress note dated September 24, 2015 documented complaints similar to those reported on July 1, 2015. Records also indicate that the injured worker had difficulty with day-to-day activities. The physical exam dated July 1, 2015 reveals an antalgic gait, diffuse tenderness to palpation of the spine, decreased motor strength with bilateral ankle dorsiflexion, toe extension, and ankle plantar flexion, and decreased sensation to light touch in the L4-S1 distribution bilaterally. The progress note dated September 24, 2015 documented a physical examination that showed no changes from the examination performed on July 1, 2015. Treatment has included lumbar discectomy and laminectomy, lumbar spinal fusion with revision decompression and discectomy, and epidural steroid injection with good success. Magnetic resonance imaging of the lumbar spine (September 3, 2015) showed disc bulging at L5-S1 with left foraminal narrowing, and degenerative changes at L3-4 and L5-S1. Nerve conduction study (September 24, 2015) showed mild bilateral S1 sensory radiculopathy. The utilization review (October 12, 2015) non-certified a request for bilateral lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, bilaterally: Overturned

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

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

Decision rationale: The current request is for LUMBAR EPIDURAL STEROID INJECTION, BILATERALLY. Treatment has included lumbar discectomy and laminectomy, lumbar spinal fusion with revision decompression and discectomy, physical therapy, medications and epidural steroid injection. The patient is working. MTUS, page 46, Epidural steroid injections (ESIs) Section states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" For repeat ESI, MTUS states, "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." Per report 09/24/15, the patient presents with low back radiating to the bilateral legs, and some urinary urgency that was noted to be chronic. The physical examination revealed antalgic gait, diffuse tenderness to palpation of the spine, decreased motor strength with bilateral ankle dorsiflexion, toe extension, and ankle plantar flexion, and decreased sensation to light touch in the L4-S1 distribution bilaterally. The treater recommended a repeat bilateral transforaminal epidural steroid injection at level L5-S1. MRI of the lumbar spine from September 3, 2015 showed disc bulging at L5-S1 with left foraminal narrowing, and degenerative changes at L3-4 and L5-S1. Nerve conduction study done on September 24, 2015 showed bilateral S1 sensory radiculopathy. Review of the medical file indicates a prior LESI was done on 02/05/14. The treater has reported that the patient had over 75% reduction in his back and leg pain, with a decrease in the need for pain medication. In this case, it appears that the patient's lower back and leg pain has returned, and the patient had a successful initial injection which produce over 75% reduction in pain for 3 months. A repeat injection is indicated for this patient. Therefore, the request IS medically necessary.