

Case Number:	CM15-0212902		
Date Assigned:	11/03/2015	Date of Injury:	10/24/2013
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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: Massachusetts

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 47 year old female who sustained an industrial injury on 10-24-2013. Medical records indicated the worker was treated for low back pain and pain in the lower extremities. A Lumbar MRI 01-10-2014 showed degenerative changes at L4-5 and L5-S1. A new Lumbar MRI 10-17-2014 again showed degenerative changes at L5-S1. In the provider notes of 10-05-2015, the worker was seen in follow up for low back pain. On exam, she had an antalgic gait and was "exclusively tender" in the L4-L5, and S1 spinous processes in the paraspinals. Her range of motion was diminished in all planes. She had a positive slump test and a positive straight leg raise in the bilateral L5 distribution, and had decreased sensation to light touch, pinprick and cold in the bilateral L5 distribution. Motor strength was 5 out of 5 throughout the L2-S1. The injured worker has had conservative pain management strategies that included losing weight and medication management. She reports significant improvement with massage therapy. The treatment plan included medications and a bilateral L5 transforaminal epidural steroid injection. A request for authorization was submitted for: Bilateral L5 transforaminal epidural steroid injection. A utilization review decision 10-19-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work injury in October 2013 with injury occurring while lifting and moving a box. A left L4 and L5 transforaminal epidural injection was done in December 2014. She had a resolution of left leg pain lasting for one month with improved low back pain. The pain subsequently returned completely. An MRI of the lumbar spine in July 2015 included findings of multilevel degenerative disc disease and facet arthropathy with progression of findings since a prior scan in October 2014. There was mild left foraminal narrowing at L4/5 and mild bilateral foraminal narrowing at L5/S1. When seen, she was having ongoing low back and bilateral lower extremity pain in an L5 distribution. Pain was rated at 10/10. Physical examination findings included an antalgic gait. There was lumbar tenderness. There was decreased lumbar spine range of motion. Straight leg raising and Slump testing was positive. There was decreased bilateral L5 distribution sensation. Authorization was requested for bilateral L5 transforaminal epidural injections. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. In this case, the claimant had a positive response to the injection performed previously when done on the left side. She has radicular pain and physical examination and new MRI findings correlate with her bilateral symptoms. A bilateral transforaminal approach is being requested. The requested second epidural steroid injection is considered medically necessary.