

Case Number:	CM15-0215553		
Date Assigned:	11/05/2015	Date of Injury:	08/29/2015
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 45-year-old male, with a reported date of injury of 08-29-2015. The diagnoses include lumbosacral sprain and strain, left lumbar radiculopathy, grade 1 degenerative isthmic spondylolisthesis at L5-S1, left foraminal stenosis at L5-S1, and spina bifida occulta at L5. The medical report dated 10-05-2015 indicates that the injured worker had 6 physical therapy visits which were not helpful. The injured worker complained of constant and increased low back pain, left greater than right, with radiation of pain down the back of both legs, left greater than right, down to the heels, and rated 7 out of 10 most of the time. It was noted that the pain could go to 8 out of 10 when he gets up and moves around. It was noted that there was numbness and tingling in the low back and buttocks, and then down to the heels. He also had spasming in the lower back and burning in the legs. The physical examination showed a palpable step-off on the lumbar spine; positive straight leg raise on the left at 45 degrees; knee reflexes were 2+; decreased EHL (extensor hallucis longus) strength on the left and full on the right side; and grossly intact sensation. It was noted that x-rays of the lumbar spine showed that there may be a spina bifida occulta. The injured worker's disability status was noted as temporary total disability. The progress report dated 09-02-2015 indicates that the injured worker continued to complain of low back pain with radiation to both lower extremities. There were no complaints of numbness in the extremities. The objective findings include tenderness and spasm at L4, L5, and S1; limited range of motion of the low back due to pain; and bilateral straight leg raise at about 45 degrees, but no neurovascular or sensory deficit of the lower extremities. The injured worker has been instructed to remain off work until seen by the specialist. The diagnostic studies to date have included an MRI of the lumbar spine on

09-10-2015 which showed L5-S1 spondylolytic spondylolisthesis, diffuse bulging of the annulus with partial annular fissure, disc protruding cephalad into the left neural foramen moderate to severely narrows the left neural foramen with impingement of the left L5 nerve root, disc bulge extending into the right neural foraminal associated with partial annular fissure mildly narrows the right neural foramen without obvious nerve root impingement. Treatments and evaluation to date have included physical therapy, Naprosyn, Norco, Cyclobenzaprine, Tylenol, and Tramadol. The treating physician requested L5-S1 epidural steroid injection. On 10-23-2015, Utilization Review (UR) non-certified the request for L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ESI.

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

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. In this case, there is documentation of radiculopathy on physical examination confirmed on imaging. He has failed to respond to conservative therapy, including 6 sessions of physical therapy. Epidural steroid injection L5-S1 is medically necessary.