

Case Number:	CM15-0216518		
Date Assigned:	11/06/2015	Date of Injury:	10/16/2014
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/03/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 57 year old female with a date of injury on 10-16-2014. The injured worker is undergoing treatment for lumbar radiculopathy, lumbar facet arthropathy, secondary pain, and sacrolitis, left worse than right and intervertebral disc displacement of the lumbar region. On 02-20-2015 a bilateral lumbar facet injection at L4-5 and L5-S1 was administered. On 06-08-2015 lumbar L4-5 and L5-S1 selective nerve root block is recommended. A physician progress note dated 10-20-2015 documents the injured worker has complaints of lower back pain that radiates down her left leg into her toes with numbness and tingling. She rated her pain as 7 out of 10. She had a left L4 and L5 epidural injection on 09-15-2015 and reports an 80-90% relief of pain following the injection; however pain is slowly returning to its baseline. She notes improvement with walking, standing and sleeping since having the injection. She was able to reduce her pain medications as well. She is currently self-weaning off her Norco. Lumbar range of motion revealed complaints of end range pain. Lumbar facet compression causes her to report pain in the lower back referred into her buttocks and thighs. She has an antalgic gait on the left side with stiffness. There is decreased sensation to light touch in the distribution of the L4, L5, and S1 nerve roots. Lasegue's is positive. She is not working. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, lumbar epidural injections, and trigger point injections, bracing, and modified duty. She takes Norco 10-325mg 3 times a day. An unofficial report of a Magnetic Resonance Imaging of the lumbar spine done of 07-27-2015 revealed L3-L4 status post kyphoplasty on 01-23-2015 for an old superior endplate fracture of the L3 vertebral body. There is approximately 25% vertebral body disc height loss.

There is a minimal diffuse disc bulge. There is a 3mm circumferential disc bulge. There is a mild neural foraminal narrowing. There is bilateral facet joint hypertrophy. Lumbar range of motion revealed complaints of end range pain. Lumbar facet compression causes her to report pain in the lower back referred into her buttocks and thighs. She has an antalgic gait on the left side with stiffness. There is decreased sensation to light touch in the distribution of the L4, L5, and S1 nerve roots. Lasegue's is positive. On 10-30-2015 Utilization Review non-certified the request for follow-up visits with physiatrist, lumbar spine, and left L4-L5 and S1 lumbar epidural corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and S1 lumbar epidural corticosteroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections (ESIs).

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

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, although the previous epidural steroid resulted in improvement, there is no documentation of what levels were treated. Without knowing what levels were treated, the request for left L4-5 and S1 lumbar epidural steroid injection under fluoroscopic guidance is not medically appropriate and necessary.

Follow-up visit with physiatrist, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Follow up visits.

Decision rationale: Guidelines recommend a follow up visit based on review of the patient's concerns signs and symptoms, clinical stability, and reasonable physician judgment. Within the documentation available for review, there is no specific complaints or objective exam findings for which an office follow up visit would be medically necessary. Due to the request for injections being recommended for non-certification, the requested follow up visit with a physiatrist, lumbar spine is not medically necessary and appropriate.