

Case Number:	CM15-0217494		
Date Assigned:	11/09/2015	Date of Injury:	12/05/2000
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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: Preventive Medicine, Occupational 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:

This is a 53 year old male with a date of injury on 12-2-00. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-21-15 reports continued complaints of back and leg pain mostly on the left radiating to the buttocks, thigh and calf. The pain is moderate to severe rated 7-8 out of 10. Medications provide minimal relief. Physical exam: mid lumbar spine is moderately tender to palpation, straight leg was positive on the left at 45 degrees. MRI lumbar spine 7-20-15 revealed degenerative facet and ligamentum flavum hypertrophy at L4-5 resulting in moderate L4-5 transverse central canal stenosis and mild right and left lateral recess stenosis and broad based disc protrusion and bilateral facet hypertrophy. Treatments include medication, physical therapy, injections. Request for authorization dated 9-29-15 was made for TESI L4-S1 left. Utilization review dated 10-6-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESI L4-S1 left: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, there is a subjective complaint of radiculopathy with corroborating imaging studies. An MRI lumbar spine 7-20-15 revealed degenerative facet and ligamentum flavum hypertrophy at L4-5 resulting in moderate L4-5 transverse central canal stenosis and mild right and left lateral recess stenosis and broad based disc protrusion and bilateral facet hypertrophy. The request for TESI L4-S1 left is medically necessary.