

Case Number:	CM15-0221557		
Date Assigned:	11/17/2015	Date of Injury:	07/02/2015
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/11/2015

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:

The injured worker is a 54 year old male who sustained an industrial injury on 7-2-15. A review of the medical records indicates he is undergoing treatment for low back pain and paracentral disc extrusion with spinal stenosis. Medical records (7-20-15, 8-3-15, 9-21-15, and 9-29-15) indicate ongoing complaints of low back pain that radiates to bilateral legs. He reports that his pain affects the right side more than the left and radiates through his buttock to the anterior thigh. He rates his pain "6-8 out of 10". He reports that the pain limits his ability to walk and sit for a prolonged period of time. The physical exam (9-21-15) reveals spinous process tenderness over the lumbar spine at L3-L5. He is noted to have pain in the same area. Active range of motion of the lumbar spine is limited with forward flexion and extension due to pain. He is noted to have discomfort with twisting. Motor strength is "5 out of 5" throughout bilateral lower extremities. The straight leg raise produces pain with sitting and lying down. An antalgic gait is noted, favoring his right side. Pain is noted with heel and toe walking, as well as with squatting. Diagnostic studies have included and MRI of the lumbar spine. Treatment has included medications and physical therapy. Treatment recommendations include an epidural steroid injection at L3-4. The utilization review (11-4-15) includes a request for authorization of a lumbar epidural steroid injection at L3-4. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-4 x1: 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 rationale: The current request is for lumbar epidural steroid injection at L3-4 x1. Treatment history include physical therapy, home exercise program, Toradol injection and medications. The patient is to remain on modified work. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Per report 09/26/15, the patient presents with low back pain that radiates to bilateral legs through his buttock to the anterior thigh. Physical examination revealed spinous process tenderness over the lumbar spine at L3-L5. Active range of motion of the lumbar spine is limited with forward flexion and extension due to pain. The straight leg raise produces pain with sitting and lying down. Pain is noted with heel and toe walking, as well as with squatting. MRI of the lumbar spine from 07/29/15 revealed at L3-4 superior migrating, right central and right subarticular disc protrusion measuring 7mm, and moderate to severe stenosis of the right aspect of the thecal sac. The treater requested a lumbar epidural steroid injection, and a microdisectomy if the patient did not respond well to the injection. The Utilization Review denied the request stating that ESI's may afford short term improvement in leg pain and sensory deficits, but offers no significant long term beneficial benefit nor does it reduce the need for surgery. In this case, this patient presents with a dermatomal distribution of pain and paresthesia that is corroborated by MRI findings, and examination revealed positive straight leg raise. The treater states that the patient has not tried epidural injections. This patient does meet the criteria, set for by MTUS, for a lumbar epidural steroid injection. Therefore this request is medically necessary.