

Case Number:	CM15-0034491		
Date Assigned:	03/02/2015	Date of Injury:	06/06/2005
Decision Date:	04/13/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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, Hawaii
 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 53 year old male, who sustained an industrial injury on 6/6/05. He has reported back injury. The diagnoses have included lumbar spondylosis, sacroiliac pain, status post lumbar laminectomy and lumbar radiculopathy. Treatment to date has included medications, surgery, diagnostics and Epidural Steroid Injection (ESI). Surgery included lumbar surgery 10/5/06. Currently, the injured worker complains of increased pain in the lower back radiating down bilateral lower extremities. He has had recent flare up of sciatica and can hardly walk. He is working 15 hours a week and barely able to do this due to the pain. He recently saw orthopedic surgeon who recommended surgery as well as fusion. He reports that Gabapentin has been helpful for pain and would like to have a repeat lumbar Epidural Steroid Injection (ESI), as this has been helpful in relieving his symptoms in the past. The low back pain was rated 6-8/10 on pain scale. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 9/18/14 revealed spondylosis, hypertrophic facet changes, stenosis, disc protrusion, and probable annular tear. The physical exam of the lumbar spine revealed tenderness with trigger points noted and positive twitch sign on the right. There was distribution of pain along the L5 dermatome of the left calf. The injured worker is awaiting authorization for surgery and testing and until he is able to proceed with surgery request was for (1) lumbar epidural steroid injection at L5-S1 under IV sedation to reduce the pain and inflammation. On 1/29/15 Utilization Review non-certified a request for One (1) lumbar epidural steroid injection at L5-S1 under IV sedation, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Epidural Steroid Injection (ESI) page 46 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection at L5-S1 under IV sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The patient presents with pain affecting the low back with radiation down the bilateral lower extremity. The current request is for One (1) lumbar epidural steroid injection at L5-S1 under IV sedation. The treating physician report dated 1-15-15 (160B) states, "I request a lumbar epidural steroid injection to be performed with the purpose of reducing pain and inflammation, restoring ROM and thereby facilitating progress in more active treatment programs, avoiding surgery and based on the 2009 MTUS and current ODG Guidelines. Patient met all criteria for the use of epidural steroid injections." MTUS Guidelines do recommended ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Medical reports provided, note that an MRI performed on 6/19/06 showed, "Recurrent disc on the left at L5-S1 level which is a wrapped disc." "A repeat MRI scan showed, a clear recurrence of disc herniation toward the left at L5-S1." In this case, the patient presents with severe low back pain with radiation down the bilateral lower extremity. Furthermore, the patient's radicular symptoms are corroborated by imaging studies. The current request satisfies the MTUS guidelines as outlined on page 46. Recommendation is for authorization.