

Case Number:	CM15-0083329		
Date Assigned:	05/05/2015	Date of Injury:	03/10/2006
Decision Date:	06/17/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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 66 year old male, who sustained an industrial injury on 3/10/2006. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include spinal stenosis, status post lumbar discectomy in 2007, multilevel cervical disc desiccation and bulging with stenosis, depression and anxiety. Treatments to date include medication therapy, physical therapy, and epidural steroid injection noted to have been administered in 2010 with one month pain relief. Currently, he complained of increased low back pain with radiation down the left leg at L5 distribution. On 2/26/15, the physical examination documented positive straight leg raise test, an antalgic gait, and inability to heel-to-toe walk. MRI results were documented to be significant for status post L4-5 laminectomy and re-disc herniation at L3-4. The plan of care included an epidural steroid injection at L3-4 and transforaminal epidural injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 and L4-5 Transforaminal Epidural Injection times 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This patient presents with chronic low back pain with radiation down the left lower extremity. The Request for Authorization is dated 03/26/15. The current request is for LEFT L3-4 AND L4-5 TRANSFORAMINAL EPIDURAL INJECTION TIMES ONE, LOWER BACK. Treatments to date include medication therapy, physical therapy, and surgery. The patient is not working. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MRI of the lumbar spine from 02/14/11 revealed at L3-4 a 5.4mm disc protrusion that abuts the thecal sac and at L4-5 there is a 6.8mm disc protrusion and facet hypertrophy. According to progress report 02/26/15, the patient presents with increased low back pain that "radiates down left leg in the L5 distribution." Examination revealed positive straight leg raise at 45 degrees on the left and 60 degrees on the right. The patient was unable to heel-toe walk and there was decreased bilateral EHL noted. The earliest medical records provided for review is from 2014. There is no indication of any recent injections. In this case, the patient has significant MRI findings and continues to have low back pain down to the left leg with positive SLR. An epidural steroid injection at this time is reasonable. This request IS medically necessary.