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| Case Number: | CM15-0232899 | | |
| Date Assigned: | 12/08/2015 | Date of Injury: | 11/18/2013 |
| Decision Date: | 01/19/2016 | UR Denial Date: | 10/26/2015 |
| Priority: | Standard | Application Received: | 11/27/2015 |

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 43 year old male, who sustained an industrial injury on 11-18-13. The injured worker was diagnosed as having lumbar facet arthropathy and lumbar radiculopathy. Subjective findings (6-4-15, 7-21-15 and 8-18-15) indicated constant low back pain that radiates down the bilateral lower extremities with left greater than right. He rated his pain 7 out of 10 with medications and 10 out of 10 without medications. Objective findings (6-4-15, 7-21-15 and 8-18-15) revealed a positive straight leg raise test and tenderness to palpation in the L4-S1 levels. As of the PR2 dated 10-1-15, the injured worker reports constant low back pain that radiates down the bilateral lower extremities with left greater than right. He rated his pain 7 out of 10 with medications and 10 out of 10 without medications. Objective findings include decreased strength of the extensor muscles along the L4-S1 dermatome in the lower extremities, a positive straight leg raise test and tenderness to palpation in the L4-S1 levels. Treatment to date has included a lumbar MRI on 8-15-15 showing an L4-L5 2mm protrusion and fissure with minimal effacement of the dural sac, an L5-S1 epidural injection on 10-7-14 with 50-80% improvement, Voltaren XR, Tramadol ER and Tylenol #3. The Utilization Review dated 10-26-15, non-certified the request for a lumbar epidural steroid injection at L4-L5 using fluoroscopy.

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 L4-L5 using fluoroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, ESI.

Decision rationale: The medical records provided for review document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection that include decreased strength of the extensor muscles along the L4-S1 dermatome in the lower extremities, a positive straight leg raise test and tenderness to palpation in the L4-S1 levels. However, there is not a noted functional gain or pain improvement in terms of duration in relation to first ESI performed in support of second ESI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such, the medical records do not support the use of ESI congruent with ODG guidelines. Therefore, the request is not medically necessary.