

Case Number:	CM15-0235481		
Date Assigned:	12/10/2015	Date of Injury:	04/29/2003
Decision Date:	01/15/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/02/2015

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 59 year old male who sustained an industrial injury on 4-29-03. A review of the medical records indicates he is undergoing treatment for lumbosacral intervertebral disc displacement, lumbosacral spondylosis without myelopathy or radiculopathy, lumbar spinal stenosis, lumbosacral disc degeneration, fibromyalgia, and low back pain. He is status post left total knee replacement. Medical records (5-12-15, 6-16-15, 7-14-15, 8-13-15, 10-15-15, and 11-12-15) indicate ongoing complaints of low back pain and bilateral lower extremity pain, affecting the left greater than right. He rates his pain "8-10 out of 10". He reports activity limitations as difficulty with crawling, jumping, squatting, stooping, running, and repetitive climbing. The physical exam (11-12-15) reveals that the heel walk for L5 motor strength on the right is "positive and not performed well". The toe walk for S1 motor strength on the left is noted to be "positive and not performed well". His gait is noted to be antalgic. Laxity is noted of the left knee. The right knee shows "atrophy of his thigh and calf". Pain is noted bilaterally on "spinal palpation". The "back" exam reveals "limited extension" and "flexion 5 degrees each with severe pain". The straight leg raise is positive bilaterally. Fabere test is positive bilaterally. Motor strength is noted to be "3 out of 5" quadriceps strength left leg, "5 out of 5" on the right. His back pain is noted to be "10 out of 10". The injured worker indicates he is unable to ride a motorcycle due to pack and leg pain. Bilateral knee range of motion is noted to be diminished. Diagnostic studies have included urine toxicology screening. Treatment has included medications, a home exercise program, lumbar epidural steroid injections, and an interlaminar epidural steroid injection at L5-S1 on 7-10-15. The treating provider indicates recommendation

for interlaminar epidural steroid injections followed by mechanical back stabilization program "since January of 2013", which have been denied. The utilization review (11-23-15) includes a request for authorization of interlaminar epidural steroid injection. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS 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 an interlaminar epidural steroid injection. Treatment has included medications, knee surgery, a home exercise program, physical therapy and an interlaminar epidural steroid injection at L5-S1 on 07/10/15 and 05/07/08. The patient is permanent and stationary and it is unclear if he has returned to work. MTUS, page 46, Epidural steroid injections (ESIs) Section states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per report 11/15/15, the patient presents with low back pain and bilateral leg pain. Physical examination revealed the patient was not able to toe walk, and there was antalgic gait. Motor strength is noted as 3/5 quadriceps strength on the left leg, and 5/5 on the right. This patient had lumbar steroid injection (levels unknown) on 5/07/08. The patient also had an interlaminar epidural steroid injection at L5-S1 on 07/10/15, which reduced the pain in the legs. The treater stated that the prior injection provided "excellent" relief. In this case, it was noted that the prior injection was beneficial; however, there is no documentation of functional improvement or decrease in medication as required by MTUS for a repeat injection. In the therapeutic phase, MTUS states that repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." A repeat injection is not indicated for this patient. Therefore, the request is medically necessary.