

Case Number:	CM14-0147767		
Date Assigned:	09/15/2014	Date of Injury:	07/20/2011
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31-year-old male who sustained an injury on 07/20/11. He complained of severe low back pain radiating down his left leg; it felt numb and weak. He also noted progressive pain in the left gluteal area down his leg to his calf and shin. Pain was worse with any type of prolonged sitting, forward bending or stooping. On exam, straight leg rise (SLR) was positive on the left at 30 degrees replicating pain down to his left calf. There was absent left achilles reflex with normal patellar reflex. There was decreased sensation in the left lateral shin and positive bowstring. He could not stoop without pain. Magnetic resonance imaging (MRI) scan from March 2014 revealed degenerative-type central spinal canal narrowing moderate at L4-5 and L5-S1 and mild at L3-4, disc desiccation, disc bulge and small posterior central disc protrusion T11-12 with mild central spinal canal narrowing, large left paracentral/left neural foraminal disc herniation and protrusion with annular tear L4-5 with significant lateral recess stenosis on the left and neural foraminal narrowing left more than right, small neural foraminal disc protrusion at this level on the right, moderate size left neural foraminal paracentral disc herniation and protrusion L5-S1 with neural foraminal and lateral recess narrowing on the left, small neural foraminal narrowing and disc protrusion on the right also, and small posterior central disc protrusion and annular tear L3-4, and posterior central disc herniation and protrusion broad-based at L4-5 and L5-S1. Current medications include Norco, Motrin, and Zanaflex. Prior treatments have included conservative treatment including rest and oral medications. He underwent electrical acupuncture and infrared heat on 05/29/14 and received a slight improvement. He underwent numerous chiropractic treatments approximately 20 sessions in addition to physical therapy. Diagnoses include large L4-5 disk extrusion and left lumbar sciatica pain. The request for epidural steroid Injection, lumbar spine was denied on 09/05/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection, lumbar spine: Overturned

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

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

Decision rationale: As per California Medical Treatment Utilization Schedule (MTUS) guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per California MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). In this case, there is clear evidence of radiculopathy, described as radiating pain into the left leg, associated with decreased sensation in the left lateral shin, positive straight leg rise (SLR) at 30 degrees and absent left Achilles tendon. Magnetic resonance imaging (MRI) has also revealed L4-5 & L5-S1 disc herniation with lateral recess narrowing on the left side. There is also documentation of reasonable and adequate trial and failure of conservative management such as physiotherapy and chiropractic treatment. Therefore, the medical necessity of the request for ESI is established per guidelines.