

Case Number:	CM15-0016860		
Date Assigned:	02/05/2015	Date of Injury:	01/03/2014
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 62 year old male, who sustained an industrial injury on 1/3/14. He has reported low back and right leg injuries after slipping and twisting his body working as a laborer. The diagnoses have included lumbar disc disease and lumbar radiculopathy. Treatment to date has included medications, diagnostics, injections, physical therapy and conservative treatment. Currently, the injured worker complains of pain in the neck and low back rated 8/10 on the pain scale. The pain is unchanged. He states that the medications are very helpful in alleviating the pain and he tolerates them well. Current medications were Norco, Motrin and prilosec. Physical exam of the cervical spine revealed decreased normal lordosis, tenderness, spasm over the muscle and trigger points. There was decreased range of motion. He walks with wide based gait. The axial head compression and surgical sign were positive on the right. The lumbar spine has diffuse tenderness to palpation with guarding. There was mild facet tenderness with palpation. The Fabere's, sacroiliac thrust and Yeoman's signs were positive on the left with sacroiliac tenderness. The range of motion was decreased. The injured worker underwent bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection on 8/11/14 with 80-90 percent improvement for the first 3-4 weeks with 50-80 percent improvement of pain for almost 8 weeks. He was also able to carry on with his normal activities of daily living (ADL's) for longer without discomfort. The nerve conduction studies of bilateral lower extremities dated 7/24/14 were abnormal and suggestive of bilateral chronic active radiculopathy, right side greater than left. On 12/30/14 Utilization Review non-certified a request for Bilateral L4-5 and L5-S1 Transforaminal

Epidural Steroid Injection, noting the request is not medically necessary or appropriate at this time. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low and Upper Back Epidural Steroid Injection

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. There was documentation of significant pain relief with functional restoration and decrease in medication utilization following prior lumbar epidural steroid injections. The guidelines recommend that lumbar epidural injection can be repeated when there is subjective and objective signs of verifiable beneficial effects from prior epidural injections. The criteria for bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection was met.