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| Case Number: | CM15-0173663 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 05/08/2011 |
| Decision Date: | 10/19/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

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: Preventive Medicine, Occupational Medicine

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 (n) 58-year-old female, who sustained an industrial injury on 5-8-11. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet joint arthropathy and post lumbar laminectomy syndrome. Medical records (4-8-15 through 6-29-15) indicated 3-9 out of 10 pains, 70%-90% of her pain is lumbosacral and 10%-30% is in the lower extremities. On 6-19-15, the treating physician noted lumbar flexion was 60 degrees, extension was 10 degrees and there was a positive straight leg raise test on the left. Treatment to date has included an EMG-NCS on 7-22-15, a lumbar MRI on 5-7-15, a radiofrequency neurotomy on 6-10-11 with 100% relief and Norco. As of the PR2 dated 8-3-15, the injured worker reports pain in her lower back. She rates her pain 3-8 out of 10. The treating physician noted that the injured worker has axial and lower extremity pain after surgery at L4-L5 and L5-S1. She has moderate neuroforaminal narrowing at L3-L4 and radiculopathy at S1 as evidenced by a reduced Achilles reflex. The treating physician requested a lumbar epidural steroid injection at left L4-L5. On 8-12-15, the treating physician requested a Utilization Review for a lumbar epidural steroid injection at left L4-L5 and a follow-up office visit. The Utilization Review dated 8-18-15, non-certified the request for a lumbar epidural steroid injection at left L4-L5 and certified the request for a follow-up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI TF Left L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, there is objective evidence of radiculopathy on physical exam that is supported by imaging and nerve conduction study. An MRI on 6/26/11 revealed retrolisthesis of L4 (3mm) when compared to L5. There is also a broad based bulge herniation at the same level. There is also electro diagnostic evidence of a severe axonal neuropathic process. The request for left ESI L4-5 is determined to be medically necessary.