

Case Number:	CM15-0175088		
Date Assigned:	09/16/2015	Date of Injury:	05/08/2013
Decision Date:	10/20/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 45 year old male, who sustained an industrial injury on 5-8-13. The injured worker was diagnosed as having lumbar disc displacement; thoracic or lumbosacral neuritis or radiculitis; sciatica. Treatment to date has included status post L5-S1 microdiscectomy (5-29-15); physical therapy; medications. Diagnostics studies included MRI lumbar spine (1-15-15; 7-20-15); CT scan lumbar spine (8-21-15). Currently, the PR-2 notes dated 7-20-15 indicated the injured worker returns to the office with complains of persistent pain in right foot. The provider documents he has a burning pain in the right buttocks and leg. The provider notes "I have reviewed the MRI scans. The T2 weighted gad images did not show a recurrent disc herniation but other images did show pathology on the right side adversely affecting the S1 nerve root, both sagittal and axial images. At this time I am a bit confused as to what I'm seeing on those images. I will send those over to the neurosurgeon and then speak with him about those findings. This patient will start physical therapy." The injured worker is a status post L5-S1 microdiscectomy on 5-29-15. A prior MRI of the lumbar spine is dated 1-15-15 with an impression that reveals: "no change in appearance of right paracentral disc extrusion at L5-S1 with continued mass effect on the right SI root." The MRI lumbar spine was done on 7-20-15 noting a history of a lumbar discectomy at L5-S1 [5-29-15] and now with right leg pain and burning. The impression is documented from the report as: Status post L5-S1 microdiscectomy. There is a small central residual or recurrent disc protrusion which does not cause mass effect upon the thecal sac or nerve roots. Anterior right epidural enhancement surrounds the right L5 nerve sheath and deforms the thecal sac, compatible with epidural fibrosis. Correlate with timing

of surgery." Then a CT scan of the lumbar spine impression dated 8-21-15 is documented as: 1) right L3 transverse process fracture. 2) The right L5-S1 neural foramina osseous spurring. 3) T11 Kyphoplasty and anterior wedge deformity." The PR-2 noted dated 7-6-15 indicated the injured worker reported an increased amount of right leg pain and this has persisted along with a burning down the right leg with numbness covering the second, third and fourth toes on the right foot. The provider documents "He has taken several falls, with one fall he suffered a laceration left side of his trunk which had to be sutured. This occurred when he was getting off of the couch. He limps favoring his right side, has give way to his right lower extremity, positive straight leg raise on the right at 30 degrees. He has right-sided knots tenderness and limited lumbar range of motion." Of note, PR-2 dated 8-26-15 reviews the CT scan report and documents "They did a CT scan which showed an L5 transverse process fracture but it is healing. That is not the source for his right leg symptoms. That may have occurred when he fell. He has taken a number of falls. I refilled his Norco. He is scheduled for a CT myelogram on 9-4-15. He will continue his Neurontin, Norco limited to 120, maximum 6 per day." A Request for Authorization is dated 9- 3-15. A Utilization Review letter is dated 8-7-15 and non-certification was for a right S1 transforaminal epidural steroid injection (ESI) and conscious sedation & fluoroscopy. Utilization Review denied the requested treatment for not meeting the CA MTUS and ODG Guidelines. The provider is requesting authorization of a right S1 transforaminal epidural steroid injection (ESI) and conscious sedation & fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right S1 Trans ESI and consc sedation & fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. The epidural injection is not medically necessary.