

Case Number:	CM15-0176739		
Date Assigned:	09/28/2015	Date of Injury:	09/06/2007
Decision Date:	11/10/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/08/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48 year old male who reported an industrial injury on 9-6-2007. His diagnoses, and or impressions, were noted to include lumbar disc herniation, radiculopathy, disc degeneration and chronic low back pain. No current imaging studies were noted; magnetic resonance imaging studies of the lumbar spine were noted on 9-27-2007 & 10-5-2010 that revealed surgical changes, foraminal stenosis and disc bulging; and x-rays of the lumbar spine were done on 7-25-2012. His treatments were noted to include: right lumbar 5 - sacral 1 hemilaminectomy, medial facetectomy, foraminotomy and excision of herniated disc (2-12-08); and medication management. The neurosurgical progress report of 7-29-2015 noted: severe shooting pain, rated 7 out of 10, with numbness in the bilateral legs; and low back-lumbar pain and right lower extremity numbness and pain. The objective findings were noted to include: that he was very uncomfortable during the examination; positive right straight leg raise at 20 degrees and positive right Lasegues signs ; decreased (illegible) lumbar 5 dermatome; decreased (illegible) sacral 1; that he was taking Norco; a notation for the possibility of abuse, that he was compliant with dosage-frequency with no evidence of side-effects, that a prescription was written for Norco, and drug therapy requiring intensive monitoring for toxicity of controlled substances, and that a counseling-discussion about medications, Alcohol or substance abuse, Norco tolerance, (illegible), and addiction took place; and the need for follow up for prescription management and for surgery. The physician's requests for treatment were noted to include right lumbar 5 - sacral 1 epidural steroid injection for radiculopathy. The Request for Authorization, dated 7-30-2015, was for right lumbar 5 - sacral 1 epidural steroid injection. The Utilization

Review of 8-5-2015 non-certified the request for right lumbar 5 - sacral 1 epidural steroid injection. The patient sustained the injury due to a slip and fall incident. The medication list include Norco, Soma, Vicodin and Motrin. The patient's surgical history includes left knee surgery and lumbar surgery. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Online version): Epidural steroid injections (ESIs).

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

Decision rationale: Request: Right L5-S1 epidural steroid injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." His diagnoses, and or impressions, were noted to include lumbar disc herniation, radiculopathy, disc degeneration and chronic low back pain. The patient has had magnetic resonance imaging studies of the lumbar spine were noted on 9-27-2007 & 10-5-2010 that revealed surgical changes, foraminal stenosis and disc bulging; His treatments were noted to include: right lumbar 5 - sacral 1 hemilaminectomy, medial facetectomy, foraminotomy and excision of herniated disc (2-12-08); and medication management. The neurosurgical progress report of 7-29-2015 noted: severe shooting pain, rated 7 out of 10, with numbness in the bilateral legs; and low back-lumbar pain and right lower extremity numbness and pain. The objective findings were noted to include: that he was very uncomfortable during the examination; positive right straight leg raise at 20 degrees and positive right Lasegues. The patient's surgical history includes lumbar surgery. Radiculopathy was documented by physical examination and corroborated by imaging studies. There is evidence that the patient has significant radicular symptoms and signs and these were unresponsive to conservative treatment. The request for Right L5-S1 epidural steroid injection is medically necessary and appropriate for this patient at this time.