

Case Number:	CM15-0176828		
Date Assigned:	09/17/2015	Date of Injury:	01/13/2012
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old male, who sustained an industrial injury on 01-13-2012. The injured worker is currently able to work modified duty. Medical records indicated that the injured worker is undergoing treatment for bilateral L5-S1 spondylosis, L3-4 left severe lateral recess stenosis as a result of the annular tear and disc impingement of the left L4 nerve root, annular tear of the L3-4 with degenerative changes at L3-4 and L2-3, adult scoliosis, left L4 and L5 radiculopathy, and neck and upper extremity pain. Treatment and diagnostics to date has included lumbar transforaminal epidural steroid injection's, electromyography/nerve conduction velocity studies, and use of medications. Current medications include Cymbalta, Flexeril, Naproxen, and Omeprazole. In a progress note dated 07-29-2015, the injured worker reported back pain radiating from low back down both legs. Objective findings included "trigger point with radiating pain and twitch response on palpation at left lumbar paravertebral muscles." The physician stated that the "lumbar spine MRI from 2014 showing stenosis at this level. He is now developing atrophy in his quads and has difficulty walking." The request for authorization dated 06-19-2015 requested referral to spine surgeon and transforaminal lumbar epidural steroid injection (site: L4-L5) left . The Utilization Review with a decision date of 08-27-2015 denied the request for spine surgeon referral and transforaminal epidural steroid injection, left L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgeon referral Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in January 2012 and continues to be treated for low back pain with thigh and leg pain. He was seen for a psychological evaluation on 03/20/15. His treatments had included medications, chiropractic care, physical therapy, and lumbar epidural injections. He reported that the epidural injections had not been helpful. He had been seen by an orthopedic surgeon who did not think he was a surgical candidate due to severe depression. He was diagnosed with major depressive disorder. When seen, he was having pain radiating into both legs. Pain was rated at 9/10 with or without medications. Physical examination findings included an antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion with positive facet loading. There was sacroiliac tenderness with positive Fabere and positive left straight leg raising. There was a left lumbar trigger point and left lumbar nodule. He had decreased lower extremity strength. Authorization for a repeat lumbar epidural injection and for a second surgical opinion are being requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has already been evaluated by an orthopedic surgeon and was not a candidate for surgery due to severe depression. The question of whether surgery would be an option has already been answered. Follow-up with that consultant after treatment of the claimant's depression would be appropriate. Another spine surgery consultation is not medically necessary.

Transforaminal epidural steroid injection, Left L4-L5 Qty: 1.00: Upheld

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 claimant sustained a work injury in January 2012 and continues to be treated for low back pain with thigh and leg pain. He was seen for a psychological evaluation on 03/20/15. His treatments had included medications, chiropractic care, physical therapy, and lumbar epidural injections. He reported that the epidural injections had not been helpful. He had been seen by an orthopedic surgeon who did not think he was a surgical candidate due to severe depression. He was diagnosed with major depressive disorder. When seen, he was having pain radiating into both legs. Pain was rated at 9/10 with or without medications. Physical examination findings included an antalgic gait with use of a cane. There was decreased and

painful lumbar spine range of motion with positive facet loading. There was sacroiliac tenderness with positive Fabere and positive left straight leg raising. There was a left lumbar trigger point and left lumbar nodule. He had decreased lower extremity strength. Authorization for a repeat lumbar epidural injection and for a second surgical opinion are being requested. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the claimant reported that the prior epidural steroid injections were not helpful. There is no direct documentation of the claimant's response to the procedures that were performed in terms of degree and duration of pain relief. A repeat lumbar epidural steroid injection was not medically necessary.