

Case Number:	CM15-0178109		
Date Assigned:	09/18/2015	Date of Injury:	08/17/2013
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/10/2015

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: Physical Medicine & Rehabilitation

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 27 year old male who sustained an injury on 8-17-13 resulting when he was carrying stakes and fell onto a hole. He injured his right ribs, right ankle, low back and right calf and immediately had swelling in his right ankle. Diagnoses include mechanical low back pain; discogenic low back pain; status post lumbar fusion. Treatment has included medication, injections, surgery and physical therapy post-surgery. MRI lumbosacral spine showed degenerative disc disease at the L4-5 level; and L3-4 level; no significant pathology was found at T12-L1 or L1-2. On 10-10-13, he had right sided L4-5 discectomy; microdissection and decompression of the nerve root. Cervical spine X-rays on 12-6-13 revealed C4-5 3 mm right paracentral disk protrusion; 1 mm central disk protrusion with associated annular fissuring; disc desiccation C2-3, C3-4, C4-5, C5-6 and C6-7. On 3-27-14 he had spinal fusion at two levels; right lateral discectomy, facetectomy, foraminotomy and decompression of nerve root at L3-4; right re-do medical facetectomy, foraminotomy, discectomy, decompression of nerve root at L4-5 and L3-4; arthrodesis Interbody L3-4 and L4-5 with pedicle screw bilaterally and Interbody placement at these levels. The examination indicates his leg has worsened and when he puts pressure on his right leg he has pain from the mid hamstring region to the Achilles region. After the second surgery on 3-27-14, the symptoms went away but returned 2-3 months ago and worsened. His low back pain was constant sharp and occasionally burning in character; he can stand 40 minutes and can walk 15-20 minutes. The treatment plan included Percocet 10-325 mg; request authorization for a diagnostic injection into the hardware and possible epidural injection. The examination on 5-1-15 reveals he has constant pain that is aggravated by bending, cough

and sneeze, lifting, standing and walking and has relief with sitting and driving. He rates the pain at 7 out of 10 with 80% in his lumbosacral area and 20% in the lower extremity. The extremity pain is to the right, to the calf and foot; radiculopathy on the right at L4, L5 and S1 as evidence by weakness with foot dorsiflexion and reduced Achilles reflex. The records indicate performing a transforaminal epidural steroid injection to the right at L4 and L5. Current requested treatments possible epidural injection with Dr [REDACTED]. Utilization review 8-10-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible epidural injection with Dr. [REDACTED]: 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: MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any progressive neurological deficits or remarkable change in diagnostics to support the nerve injection. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted and is contraindicated at previous surgical sites. The possible epidural injection with Dr. [REDACTED] is not medically necessary and appropriate.