

Case Number:	CM15-0068548		
Date Assigned:	04/16/2015	Date of Injury:	12/31/2012
Decision Date:	06/10/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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 54 year old male who sustained an industrial injury on 12/31/2012. Diagnoses include lumbar radiculopathy, lumbar spine sprain/strain, knee sprain/strain, insomnia, anxiety and depression. Treatment to date has included diagnostic studies, medications, chiropractic therapy, and acupuncture sessions. A physician progress note dated 02/05/2015 documents the injured worker complains of low back dull and aching pain, rated at 8 out of 10 on the Visual Analog Scale. The low back pain is associated with radiating pain, numbness and tingling to both lower extremities, more to the left side. He has left knee dull and aching pain, rated at 7 out of 10 on the Visual Analog Scale. He has loss of sleep due to pain, anxiety and depression. He ambulates with a guarded gait. On examination there is tenderness and myospasm palpable over the bilateral paralumbar muscles. Tenderness is also palpable in the sciatic notches. Straight leg raise test is bilaterally positive, causing low back pain radiating to the posterior thigh upon 45 degrees of right or left leg raising. The Braggards test is also bilaterally positive. There is decreased lumbar range of motion in all planes due to end range back pain. There is normal range of motion in all planes of the shoulders, elbows and wrists. There is decreased left knee range of motion due to left knee pain. There is tenderness to palpation on the medial and lateral knee joint lines of the left knee. Patellar tracking is painful in the left knee. On 09/17/2014 a Magnetic Resonance Imaging of the lumbar spine revealed spondylosis is seen at L3 through S1, disc desiccation is noted at L3 through S1, the central canal is congenitally stenosed, measuring 9-10 mm, there is no evidence of signal abnormality within the conus medullaris or cauda equina or within the exiting or traversing nerve roots. The central cord ends at T12-L1. The treatment requested is for lumbar epidural steroid injection under fluoro with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluoroscopy with IV sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The Request for Authorization is dated 03/04/15. The current request is for lumbar epidural steroid injection under fluoro with iv sedation. Treatment to date has included diagnostic studies, medications, chiropractic therapy, and acupuncture sessions. The patient is TTD. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and in the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. MRI of the lumbar spine from 09/17/14 revealed, 1-2mm posterior disc bulge at L1-L2 without evidence of neural foraminal narrowing, at L3-L4 there is moderate canal stenosis, and at L4-5 and L5-S1 there is posterior annular tear with accompanying 2-4mm posterior bulge. According to progress report 02/05/15, the patient complains of low back pain with associated radicular pain down both legs with numbness and tingling. Examination of the lumbar spine revealed tenderness and myospasm over the bilateral paralumbar muscles. Straight leg raise testing is positive bilaterally, causing low back pain radiating to the posterior thigh. The Braggard's test is also positive bilaterally. There is decreased range of motion in all planes, decreased sensory and motor strength is reduced to 4/5 in the lower extremities. Under treatment plan, request was made for "Lumbar Epidural Steroid Injection." There is no indication that this patient has tried LESI in the past. In this case, the patient has radicular symptoms and moderate stenosis at L3-4 and 3-4mm posterior bulge at level L5-S1. A trial injection at this juncture may be considered. The request IS medically necessary.