

Case Number:	CM15-0098034		
Date Assigned:	05/29/2015	Date of Injury:	12/04/2008
Decision Date:	06/29/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/21/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63-year-old male, who sustained an industrial injury on 12/04/2008. He reported a trip and fall, injuring his knees and low back. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostics, right knee surgery in 5/2009 and 9/2010, physical therapy, lumbar epidural steroid injections in 4/2009 and 5/2009 (with some benefit per Agreed Medical Evaluation report dated 2/08/2015), additional lumbar epidural steroid injections in 11/2011, 2/2012, 5/2012, and 6/2013 (with temporary relief per Agreed Medical Evaluation report dated 2/08/2015), left knee surgery in 12/2011, and weight reduction program. Magnetic resonance imaging of the lumbar spine (9/2012) was documented to show partial fusion of the L5-S1 disc without stenosis and a 3mm left lateral disc protrusion with annular fissures at L4-5, with minimal left lateral recess stenosis. A discography was performed and revealed the pain generator as L4-5 and normal L3-4. Fusion of L4-5 was recommended but unable to be performed due to comorbid conditions. Radiographs of the lumbar spine (2/18/2015) showed normal lumbar lordosis, large bridging osteophytes at L4-5, and moderate anterior osteophytes at L3-4 and L2-3. There was advanced loss of disc height at L5-S1, possibly representing a transitional or auto-fused space. Currently, the injured worker complains of increased lumbar spine pain, not associated with any activities. He could not sit for more than 45 minutes without increased pain, and had radiating pain into the right lower extremity and left calf. Pain was rated 10/10. Physical exam noted limited lumbar range of motion and positive straight leg raise bilaterally. He was on a weight reduction program and was requesting something to help temporarily until he was ready for surgery. Current medications included Celebrex, Lyrica, Plaquenil, Nexium, Tylenol, Spiriva, Astepro, Atrovent, Flonase, Symbicort, Soma, Xanax, Oxycodone, Zyrtec-D, Singulair, Melatonin, Antigen, Proair,

Ipratropium, and Warfarin. His work status was total temporary disability. The treatment plan included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

Decision rationale: This claimant was injured now 7 years ago in a trip and fall. There is ongoing, severe lumbar pain. There is degenerative spine disease documented on an old MRI, and an old partial fusion of L5-S1, but no overt definitive radicular signs on exams, or current MRI confirmation of disc herniation. Regarding ESI, the MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request is not medically necessary based on the above.