

Case Number:	CM15-0099914		
Date Assigned:	06/02/2015	Date of Injury:	10/26/2005
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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, Illinois

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 38-year-old male, who sustained an industrial injury on 10/26/05. He reported initial complaints of low back pain on the left side. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included lumbar epidural steroid injection 2005; medications. Diagnostics included MRI lumbar spine (10/17/14). Currently, the PR-2 notes dated 3/18/15 indicated the injured worker complains of "low back pain with radiation down both legs, but the right worse than the left and he puts the pain level at 4 or 5", with a contradictory statement documented as, "with pain in his low back both side, left and right, with left being worse than the right." The injured worker is 38 years old and has a clinical history of a stroke 6 months prior and was not certain why he has a stroke. It has resolved. He has a history of hypertension with no treatment. He is taking Excedrin one to two tablets a day and was on four tablets a day before his stroke. He has quit smoking four years ago. He is not working and it is noted that happened "essentially when he had a stroke six months ago and has not been back to work." On physical examination, the provider documents the lumbar spine is mildly abnormal. He can flex at 90 degrees and can only extend 15 degrees. At 15 degrees, he has pain in his low back going down into both legs, left worse than right. He can rotate left and right to 45 degrees and can tilt 30 degrees bilaterally with pain in the low back at the endpoints going down his appropriate leg. He has positive left lift bilaterally at 45 degrees with pain in the low back. He has a normal gait. Neurologic examination notes tendon reflexes are diminished in the knees and ankles compared to the elbows and wrists. He has no loss of pinprick, light touch, or proprioception in any dermatome. He has positive leg lift bilaterally at

45 degrees. The provider notes he has reviewed an MRI that shows bulging disc at L5-S1 with S1 nerve root compression and bulging disc at L4-L5 with no evidence of abutment against the nerves. The provider's treatment plan includes a request for authorization of a Lumbar epidural steroid injection at L5/S1 followed by another visit for a Lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural L5/S1 followed by Epidural Steroid Injection L4-5 two different visits:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injections.

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

Decision rationale: The injured worker sustained a work related injury on 10/26/05. The medical records provided indicate the diagnosis of degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included lumbar epidural steroid injection 2005; medications. The medical records provided for review do not indicate a medical necessity for: Lumbar epidural L5/S1 followed by Epidural Steroid Injection L4-5 two different visits. According to the medical records, the injured worker has radicular pain with examination findings positive for bilateral straight leg raise. The Lumbar MRI revealed evidence of nerve impingement but no nerve root abutment. The nerve study was positive for radiculopathy. The MTUS guidelines for epidural steroid injection includes documentation of radiculopathy based on physical examination corroborated with imaging and or nerve studies, in an individual radicular pain that has failed conservative treatment; repeat injection is based on documentation of 50% pain improvement lasting for 6-8 weeks following the previous injection. The injured worker is reported to have had no benefit from a previous epidural injection.