

Case Number:	CM14-0144997		
Date Assigned:	09/12/2014	Date of Injury:	08/15/2005
Decision Date:	10/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old male sustained an industrial injury on 8/15/05. The mechanism of injury was not documented. The injured worker underwent bilateral L3 and L4 decompressive laminectomies and bilateral L3/4 and L4/5 microsurgical discectomy on 5/12/08. The most recent lumbar spine MRI was performed on 11/4/11. Magnetic resonance imaging (MRI) findings were reported with no interval changes in multilevel disc protrusions/bulges and some posterior interspinous ligament changes at L2/3 suggestive of synovitis or ligament sprain. Records indicated that lumbar epidural steroid injections had been performed on 11/4/11 and 8/13/13 with 55-60% reduction in pain for four months with associated improvement in ambulation, range of motion, activities of daily living performance, and medication reduction by 1/3 to 2/3. Pain returned with increased right lower extremity numbness and weakness as of 3/26/14. Multiple subsequent requests for repeat epidural injection were noted. The 8/13/14 treating physician report cited continued grade 6-7/10 lower back pain radiating to the right lower extremity with associated numbness and weakness. Physical exam documented 4/5 right gastrocnemius weakness and decreased global right lower extremity sensation. The treatment plan recommended continuation of Norco as the patient was stable and able to maintain function in activities of daily living. MRI was recommended due to continued numbness and weakness in the right lower extremity. An L5/S1 epidural steroid injection was requested based on prior pain reduction and functional improvement. The 9/3/14 utilization review denied the request for lumbar epidural steroid injection at L5/S1 as there was no documentation of patient response to the most recent epidural injection and guidelines do not support a series of injections. The lumbar spine MRI was denied as there was no discussion of the last MRI, including date and findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1 under fluoroscopy and conscious sedation:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Guideline criteria have reasonably been met. Physical exam documented 4/5 right gastrocnemius weakness and decreased global right lower extremity sensation. MRI revealed the prior surgical intervention. The outcome of prior epidural steroid injections have achieved guideline-recommended response levels to support repeat injection. There is evidence of probable clinical radiculopathy reasonably corresponding to imaging/post laminectomy syndrome. Therefore, this request is medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 53, 303-304.
Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-59.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that repeat lumbar MRI without significant clinical deterioration in symptoms and/or signs is not recommended. Guideline criteria have been met. The last magnetic resonance imaging (MRI) was performed 11/4/11. Records indicating that the patient has had a progressive increase in right lower extremity numbness and weakness over the past 6 months. Therefore, this request is medically necessary.