

Case Number:	CM14-0118894		
Date Assigned:	09/16/2014	Date of Injury:	03/15/2011
Decision Date:	11/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Pain Medicine, 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:

The injured worker is a 60 year old female who sustained an injury on March 15, 2011. She is diagnosed with (a) hip pain, (b) low back pain, (c) lumbar radiculopathy, and (d) sacroiliac pain. She was seen for an evaluation on August 13, 2014 for low back pain. Magnetic resonance imaging of the lumbar spine dated July 24, 2014 was reviewed. The findings revealed (a) L5-S1 moderate disc degeneration with 4mm disc bulge causing moderate bilateral lateral recess/foraminal stenosis; (b) L4-5 asymmetric 1-3 mm right greater than left disc bulge and mild foraminal narrowing; and (c) L3-4 mild bilateral facet arthropathy and slight disc bulge. An examination of the lumbar spine revealed restricted range of motion with pain. On palpation of the paravertebral muscles, trigger points were noted on both sides. The straight leg raising test was positive on the right side in sitting at 45 degrees. There was tenderness noted over the coccyx posterior iliac spine, on both the sides of the sacroiliac spine and over the trochanter. On sensory examination, light touch sensation was decreased at the L5 dermatome on the right side. Dysesthesias were present over the L5 dermatome on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection L5-S1 right side: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page(s): 46.

Decision rationale: The request for a transforaminal epidural steroid injection at right L5-S1 is considered medically necessary. Criteria for the use of repeat epidural steroid injection have been met. Radiculopathy has been evidenced through clinical findings and the magnetic resonance imaging scan. There was documentation of failure of conservative treatment directed to the lumbar spine. It has also been determined that the injured worker previously received the same injection and it afforded her 100% relief of symptoms for three months. Therefore, the request for transforaminal epidural steroid injection at right L5-S1 is regarded medically necessary based on evidence-based guidelines and reviewed medical records. Based on the reviewed medical records, the clinical scenario of the injured worker adequately satisfied the criteria for the use of Epidural Steroid Injections.