

Case Number:	CM14-0125069		
Date Assigned:	08/11/2014	Date of Injury:	09/30/2012
Decision Date:	09/18/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 50 year old male worker with the complaint of low back pain, left buttock pain, and left leg pain. The date of injury is September 30, 2012 and the mechanism of injury is bending over cleaning toilets and had sudden pain low back and left buttock pain. At the time of request for epidural steroid injection @ L5-S1, there is subjective (low back pain, left buttock and left leg pain) and objective (loss of normal lumbar lordosis, tenderness over the posterior superior iliac spine bilateral, left sided paravertebral tenderness, pain on walking on left heel/toes, bilateral positive straight leg raise, pain on flexion to the left, positive FABRE test) findings, imaging findings (MRI lumbar spine dated 9/7/13 which shows L4/5 and L5/S1 disc protrusions left sided and about the L5 and S1 spinal roots), diagnoses (L5-S1 herniated nucleus pulposis), and treatment to date (epidural steroids, medications). This patient has clinical findings of S1 radiculopathy/radicular pain that correlates with the imaging finding of L5-S1 disc protrusion. Therefore, it is my opinion that an L5-S1 epidural steroid injection under fluoroscopy is appropriate and medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection ESI @ LS-S1: 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 of 127.

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. This patient has clinical findings of S1 radiculopathy/radicular pain that correlates with the imaging finding of L5-S1 disc protrusion. Therefore, it is my opinion that an L5-S1 epidural steroid injection under fluoroscopy is appropriate and medically necessary.