

Case Number:	CM13-0028832		
Date Assigned:	11/27/2013	Date of Injury:	02/05/2000
Decision Date:	04/01/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 33 year old male who sustained an industrial injury on 02/05/2000. He has recently (5/2013 to 09/2013) reported low back pain with left buttock pain, left lateral and posteriolateral thigh pain, and anterior thigh pain. Diagnoses include lumbar discectomy in 2000 and lumbar fusion in 2001, and chronic intractable axial lower back pain with radiculopathy. Treatments to date include medications, physical therapy and lumbar epidural steroid injection (11/14/12). A progress note from the treating provider dated 09/04/2013 indicates positive straight leg raise on left side more than right and paresthesia in buttocks and thigh, equivocal weakness in the left plantar flexion and dorsi flexion of 4+5. A lumbar MRI on 07/17/2013 showed L5-S1 spondylosis and retrolisthesis resulting in canal and foraminal stenosis and L3-4 annular tear. On 09/13/2013 Utilization Review non-certified a request for L5-S1 EPIDURAL STEROID INJECTION TO LUMBAR SPINE. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 EPIDURAL STEROID INJECTION TO LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic radiating low back pain. The treating provider documents positive straight leg raising with decreased left lower extremity strength and weakness with an MRI showing severe foraminal stenosis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity sensation with positive neural tension signs and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications and surgery is being considered. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.