

Case Number:	CM14-0193921		
Date Assigned:	12/01/2014	Date of Injury:	02/28/2005
Decision Date:	01/15/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 34-year-old female with a date of injury of February 28, 2005. Per treatment report dated October 2, 2014, the patient presents with chronic low back and lower extremity pain. The patient is status post-surgery to the left hip and right shoulder. She's currently utilizing Xanax and Norco. Physical examination of the lumbar spine revealed tenderness of the paravertebral muscles, and decreased range of motion with flexion and extension. Decreased sensation with pain was noted at L4- S1 dermatomes bilaterally. MRI of the lumbar spine dated March 13, 2013 revealed disc protrusions and mild narrowing of the exiting nerve roots at L4-5 and minimal bilateral neural foraminal narrowing at level L5-S1. Report dated 8/14/14 states that the patient continues with low back pain that "radiates to hips, buttocks, bilateral lower extremities to the feet with numbness, tingling and weakness." Treatment plan is for epidural steroid injection at L5-S1 for the lumbar spine. Utilization Review denied the request on November 8, 2014. Treatment reports from August 14, 2014 through October 2, 2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L5-S1 for the Lumbar Spine: 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 Injection Page(s): 46-47.

Decision rationale: The current request is for epidural steroid injection at L5-S1 for the lumbar spine. The Utilization Review denied the request stating that the "dermatomal findings were diffuse and no other exam findings such as decreased Achilles reflex or left L5-S1 motor deficit were identified." The MTUS guidelines has the following regarding epidural steroid injection under the chronic pain section pages 46 to 47, "recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy)." In this case, the patient presents with low back pain/paresthesia in a dermatomal distribution that goes down to the buttocks and feet with associated numbness, tingling and weakness. MRI indicates disc protrusions with associated "foraminal stenosis bilaterally at L5-S1 and L4-5." Therefore, the requested epidural steroid injection is medically necessary.