

Case Number:	CM14-0204185		
Date Assigned:	12/16/2014	Date of Injury:	06/12/2008
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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: California

Certification(s)/Specialty: Internal Medicine

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 35 year old woman sustained an industrial injury on 6/12/2008. The mechanism of injury was not detailed. Evaluations include two lumbar spine MRIs, one from 2008 and the second on 11/7/2014 indicating mild facet joint arthropathy and a 3mm central disc protrusion at L5-S1 and noting that there was minimal change between the two scans. Treatment has included oral medications, chiropractic care, physical therapy and occupational therapy. Physician notes dated 11/11/2014 from the orthopedic surgeon show complaints of continued symptoms in spite of physical therapy and chiropractic care. Physical examination appears referenced from a prior visit stating tenderness to the lower lumbar area, and left sciatic notch with positive straight - leg raising on the left side at approximately 75 degrees. Weakness is noted with plantar flexion and dorsiflexion on the left. Recommendations include lumbar epidural steroid injection at L5-S1 on the left and follow up in four weeks. There is no mention of the worker's work status or abilities to perform activities of daily living. No pain measurements or range of motion measurements ratings are documented. On 11/22/2014, Utilization Review evaluated a prescription for an epidural steroid injection to the left L5-S1. The UR physician noted that there is no evidence that an EMG has been performed to fulfill the radiological evidence needed for approval. Further, there is no evidence of chiropractic or other conservative care provided. The request was denied and subsequently appealed to Independent Medical Review. The primary treating physician's progress report dated November 11, 2014 documented that the MRI magnetic resonance imaging of the lumbar spine showed facet arthropathy, 2 mm of retrolisthesis, and 3 mm of a central disc protrusion at L5-S1. The symptoms persist in spite of physical therapy and chiropractic

treatment. The patient was quite tender in the lower lumbar area and the left sciatic notch with positive straight-leg raising on the left side at approximately 75 degrees. Reflexes were present and equal bilaterally. There was definite weakness of plantar flexion and dorsiflexion on the left side. Lumbar epidural steroid injection at L5-S1 on the left was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection left L5-S1: Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). MTUS Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The primary treating physician's progress report dated November 11, 2014 documented that the MRI magnetic resonance imaging of the lumbar spine showed facet arthropathy, 2 mm of retrolisthesis, and 3 mm of a central disc protrusion at L5-S1. The symptoms persist in spite of physical therapy and chiropractic treatment. The patient was quite tender in the lower lumbar area and the left sciatic notch with positive straight-leg raising on the left side at approximately 75 degrees. Reflexes were present and equal bilaterally. There was definite weakness of plantar flexion and dorsiflexion on the left side. Lumbar epidural steroid injection at L5-S1 on the left was requested. MTUS guidelines recommend epidural steroid injections for radiculopathy that is documented by physical examination and corroborated by imaging studies. Therefore, the request for epidural steroid injections at L5-S1 is supported by MTUS guidelines. Therefore, the request for Epidural Steroid Injection left L5-S1 is medically necessary.