

Case Number:	CM14-0207403		
Date Assigned:	12/19/2014	Date of Injury:	05/09/2007
Decision Date:	03/02/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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: Maryland, District of Columbia
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:

The employee was a 53 year old female who sustained an industrial injury on 05/09/2007. Her symptoms included low back pain and lumbar radicular pain. Her pain was sharp and stabbing in her low back according to the notes from 08/06/14. She had radiation down to her left leg with numbness and tingling. She reported improvement with Gabapentin and lying down. Her medications included Gabapentin 600mg BID. Pertinent examination findings included decreased sensation to pinprick left lateral and medial calf compared to the right. Her left lower extremity strength was decreased with tenderness at L4-L5 spinous processes and paraspinal musculature. A lumbar spine MRI from 04/29/14 showed 4-mm disc bulge at L5-S1 and L4-L5 had a 4-mm disc bulge with a 3-mm disc bulge at L2-L3. There was resultant abutment of the descending left S1 nerve root, exiting left L5 nerve root, exiting left L5 and L4 nerve roots. The diagnoses were lumbar radiculopathy with corresponding MRI findings. The request was for an L5-S1 intralaminar epidural steroid injection. According to the progress note from June 2014, she had a 70% relief with prior injection to her lumbar spine and according to the note from October 2014, she never had an interlaminar ESI. Prior treatment included medications and conservative management since 2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Interlaminar Epidural Steroid Injection at L5-S1: 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 Epidural steroid injections Page(s): 46.

Decision rationale: The employee was a 53 year old female who sustained an industrial injury on 05/09/2007. Her symptoms included low back pain and lumbar radicular pain. Her pain was sharp and stabbing in her low back according to the notes from 08/06/14. She had radiation down to her left leg with numbness and tingling. She reported improvement with Gabapentin and lying down. Her medications included Gabapentin 600mg BID. Pertinent examination findings included decreased sensation to pinprick left lateral and medial calf compared to the right. Her left lower extremity strength was decreased with tenderness at L4-L5 spinous processes and paraspinous musculature. A lumbar spine MRI from 04/29/14 showed 4-mm disc bulge at L5-S1 and L4-L5 had a 4-mm disc bulge with a 3-mm disc bulge at L2-L3. There was resultant abutment of the descending left S1 nerve root, exiting left L5 nerve root, exiting left L5 and L4 nerve roots. The diagnoses were lumbar radiculopathy with corresponding MRI findings. The request was for an L5-S1 intralaminar epidural steroid injection. According to the progress note from June 2014, she had a 70% relief with prior injection to her lumbar spine and according to the note from October 2014, she never had interlaminar ESI. Prior treatment included medications and conservative management since 2007. According to MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. The employee had lumbar radiculopathy symptoms and signs with corresponding MRI findings. She had been conservatively treated with ongoing persistent 7-8/10 pain. She had 70% improvement with prior injection and had no documentation of any recent ESIs. Hence the request for interlaminar epidural steroid injection at the L5-S1 root is medically necessary and appropriate.