

Case Number:	CM14-0063255		
Date Assigned:	07/11/2014	Date of Injury:	10/24/2011
Decision Date:	04/15/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/05/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 is a 50 year old male, who sustained an industrial injury on 10/24/2011. He has reported subsequent neck, back, bilateral shoulder, elbow, wrist, knee, hip, ankle and foot pain and was diagnosed with cervical, thoracic and lumbar spine disc bulge, bilateral shoulder internal derangement, bilateral elbow, hip, knee, ankle and foot strain and bilateral carpal tunnel syndrome. Treatment to date has included oral and injectable pain medication. In a progress note dated 12/20/2013, the injured worker complained of severe pain in the low back that radiated to the left leg with numbness and tingling in the thigh. Objective findings were notable for decreased sensation in the left L4 dermatome, hypoactive left patellar tendon reflex and a positive straight leg raise at 40 degrees in the left lower extremity. A request for authorization of lumbar epidural steroid injection at the L4-L5 level was made. On 04/02/2014, Utilization Review non-certified a request for lumbar epidural steroid injection, noting that there was no documentation of the physical signs of radiculopathy. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: I respectfully disagree with UR physician. According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record the injured employee has symptoms of numbness and tingling radiating down the left leg and thigh. There are physical examination findings of decreased strength in the left leg and decreased sensation in the left L4 dermatome. Additionally, an MRI the lumbar spine reveals a disc herniation at L4 - L5 impinging the left L4 nerve root. Considering the agreement between the injured employees symptoms, physical examination findings, and objective MRI results, this request for a lumbar spine epidural steroid injection is medically necessary.