

Case Number:	CM15-0005278		
Date Assigned:	01/16/2015	Date of Injury:	07/28/2013
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/09/2015

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: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 7/28/2013. She has reported left side back pain associated with left lower extremity pain. The diagnoses have included sacroiliitis, left facet osteoarthritis, low back pain, lumbar myofascial pain, and lumbar radiculopathy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), home exercise, and therapeutic steroid injections. Currently, the IW complains of low back pain radiating to left buttock, left thigh and calf. Initial spine surgical consultation dated 11/25/14 documented pain 8/10 VAS in low back radiating to left buttock, thigh and shin. Physical examination documented restricted lumbar spine Range of Motion (ROM), positive straight leg raising test at 40 degrees on left side, with pain on left side increased with movement. X-ray completed 11/17/14 revealed anterolisthesis of L4 on L5 with motion of flexion. The provider diagnosed degenerative spondylolisthesis L4-L5 indicating further this was a "pinched nerve". Plan of care included Magnetic Resonance Imaging (MRI) and Medrol Dosepak, tapered for one (1) week. Magnetic Resonance Imaging (MRI) completed 12/24/14 revealed spondylolisthesis with left foraminal stenosis L4-L5 and L5-S1. Physical examination completed 12/30/14 documented no change in physical examination or subjective symptoms. Plan of care included transforaminal epidural steroid injection left L5-S1. On 1/8/2015 Utilization Review non-certified lumbar epidural injection L4-5, noting the documentation did not indicate objective finding correlating to disc herniation. The MTUS and AMA Guidelines were cited. On 1/9/2015, the injured worker submitted an application for IMR for review of lumbar epidural injection L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar L4-L5 Epidural Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines, Web-base Edition, Chronic Pain, Epidural Steroid Injections (ESIs) Web-Based Edition:
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with low back pain radiating to the left buttock, back of the thigh, and calf. The treater is requesting Outpatient Lumbar L4-L5 Epidural Injection. The RFA dated 11/12/2014 shows a request for epidural steroid injection. The patient's date of injury is from 07/28/2013, and her current work status is return to modified duty on 01/02/2014. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The 12/13/2014 report notes that the patient continues to complain of low back pain radiating to the left buttock, back of the left thigh, and calf. She has numbness in the same distribution. Straight leg raise is positive on the left at 40 degrees. There is hypoesthesia along the left L5-S1 dermatome. The treater references an MRI of the lumbar spine from 12/24/2014 that showed a grade 1 spondylolisthesis at L4-L5 with mild to moderate left-sided foraminal stenosis at L5-S1. The records do not show any previous epidural steroid injection in the lumbar spine. In this case, the patient has met the criteria of the MTUS guidelines for an epidural steroid injection. The request IS medically necessary.