

Case Number:	CM15-0008353		
Date Assigned:	01/23/2015	Date of Injury:	11/19/2002
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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 52 year old female who sustained an industrial injury on 11/19/2002. The injured worker has pain in the low back and right lower extremity, and low back pain has been increasing. Diagnoses include lumbosacral neuritis, Lumbar 5 radiculopathy, opioid tolerate, opioid-included hyperalgesia and chronic pain syndrome. Treatment has included medications, and physical therapy. A physician progress note dated 12/15/2014 documents the injured workers back pain is increasing. Her pain is 8-9 out of ten in severity. The pain is an aching sensation in the low back and right lower extremity. Bending, lifting, walking, twisting and prolonged standing and getting on and off a toilet and straining with a bowel movement all exacerbate her pain. The injured worker has a antalgic gait and uses a single -point cane. Lumbar range of motion is decreased by 60% in forward flexion. The treating provider is requesting a right L5-S1 epidural corticosteroid injection. On 01/17/2015 the Utilization Review non-certified the request for a right L5-S1 epidural corticosteroid injection, and cited was the California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L5-S1 epidural corticosteroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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 right leg and calf. The treater is requesting 1 RIGHT L5-S1 EPIDURAL CORTICOSTEROID INJECTION. The RFA dated 12/29/2014 shows a request for right L5 and S1 epidural corticosteroid injection. The patient's date of injury is from 11/19/2002 and her current work status was not made available. 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 records do not show any previous right L5-S1 epidural corticosteroid injection. The MRI dated 04/01/2014 of the lumbar spine shows: 1. L3-L4 mild annular disk bulge and a 2-mm posterior central extrusion extending 3-mm inferiorly from the intervertebral disk level causing mild right neuroforaminal narrowing. No central canal stenosis. 2. Mild multilevel degenerative changes of the lumbar intervertebral disk and facets including mild annular disk bulges from L1- L2 to the L5-S1 and a 2-mm right paracentral protrusion at L5-S1. No central canal stenosis. Mild bilateral L4-L5 neuroforaminal narrowing. The 12/15/2014 report shows that the patient is complaining of low back pain which is referred to the right leg and into the calf. EHL strength is weak bilaterally at 4/5. There were no other neurological or sensory deficits noted. In this case, the patient has not improved with conservative care and presents with radiculopathy that is corroborated by MRI findings. The current request is medically necessary.