

Case Number:	CM15-0015915		
Date Assigned:	02/03/2015	Date of Injury:	03/17/2014
Decision Date:	04/01/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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 male, who sustained an industrial injury on 03/17/2014. On physicians progress report dated 10/13/2014 he injured worker has reported low back pain with bilateral leg pain numbness. On examination, he was noted to have tenderness with range of motion of lumbar spine, spasm neuro positive with straight leg raise. The diagnoses have included MRI revealed degenerative disc disease spondylolisthesis L4-5 and stenosis L2-3. Treatment to date has included medication and physical therapy. Treatment plan included medication dispensed and epidural steroid injection. On 12/31/2014 Utilization Review non-certified lumbar epidural steroid injection as not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injections: Overturned

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

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

Decision rationale: The patient was injured on 03/17/14 and presents with low back pain with bilateral leg pain numbness. The request is for a LUMBAR EPIDURAL STEROID INJECTION (level not indicated). There is no RFA provided and the patient is on a modified work duty with no repetitive bending/stooping and a 20 lb weight lifting restriction. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. The 09/29/14 MRI of the lumbar spine revealed compression of the right L5 and exiting L4 nerve roots at L4-5 due to spinal stenosis, and mild anterolisthesis/retrolisthesis at L4-5 and L2-3. A broad based disc protrusion also seen at L2-3 with extraforaminal extension. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The patient has tenderness along his lumbar spine, a decreased range of motion, spasms, a positive straight leg raise, and decreased sensation over the L5-S1 dermatomes. Given the patient's clear radicular symptoms, exam findings and MRI showing nerve root lesions, a trial of Lumbar ESI appears reasonable. The request IS medically necessary.