

Case Number:	CM15-0016788		
Date Assigned:	02/05/2015	Date of Injury:	01/24/2011
Decision Date:	04/07/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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, 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 female, who sustained an industrial injury on January 24, 2011. The diagnoses have included lumbar radiculopathy and lumbar spinal stenosis. Treatment to date has included transforaminal epidural steroid injection right L4-5 on November 18, 2014 with greater than eighty percent improvement for two weeks and medication, Magnetic resonance imaging of lumbar spine on April 21, 2014. Currently, the injured worker complains of low back pain that is constant and radiates down the right lower extremity and radiates to the right foot, the pain is accompanied by tingling constantly in the bilateral lower extremities to the level of the hip to the level of the thigh to the level of the knee to the level of the ankle and the foot to the toes. In a progress note dated December 16, 2014, the treating provider reports gait was antalgic, lumbar examination revealed tenderness with palpation in the spinal vertebral area L4-S1 levels, range of motion was moderately to severely limited and straight leg raise in seated position was positive on the right. On January 5, 2016 Utilization Review non-certified a right L4-5 lumbar epidural using fluoroscopy, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 lumbar epidural using fluoroscopy, provided on date of service: 11/18/14:
 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127..

Decision rationale: The last progress note prior to the stated procedure is dated October 23, 2014 and includes a complaint of low back pain radiating to the bilateral lower extremities to the toes. A physical examination revealed decreased sensation along the right-sided L4 dermatome and a positive right-sided straight leg raise test at 70. A previous MRI the lumbar spine dated April 21, 2014 reveals a disc protrusion at L4 - L5 with facet arthropathy as well as central canal and foraminal stenosis. There was also disk desiccation and a disc bulge at L5 - S1 with bilateral foraminal stenosis. As the injured employee has right sided radicular symptoms and there was abnormal sensation on the right-sided L4 dermatome and MRI findings of a disc protrusion at L4 - L5 with foraminal stenosis, this request for a right-sided L4 - L5 lumbar spine epidural steroid injection is certified.