

Case Number:	CM15-0130689		
Date Assigned:	07/14/2015	Date of Injury:	02/18/2014
Decision Date:	08/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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, Hawaii
 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 46 year old male, who sustained an industrial injury on 2-18-2014. He reported low back pain. Diagnoses have included lumbar spine herniated discs 2-3mm at L4-5 and L5-S1 and lumbar spine radiculopathy. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, lumbar epidural steroid injection and medication. According to the progress report dated 5-21-2015, the injured worker complained of low back pain radiating to his mid back and right lower extremity. He reported feeling swelling in his lower back. Exam of the lumbar spine revealed tenderness to palpation over the midline thoracic spine and lumbar spine at the T11-L2 level, in the bilateral paraspinals L5-S1 level and in the right paraspinals including the right gluteus. There was tenderness to palpation radiating down to the right posterior thigh and right posterior knee. Sensation was decreased with tingling in the posterior, right, distal thigh and in the posterior right knee. The injured worker was noted to have had two prior lumbar epidural steroid injections. The injured worker was temporarily totally disabled. Authorization was requested for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient has ongoing low back pain which radiates to his right lower extremity. The current request is for Lumbar epidural steroid injection. The 5/21/15 attending physician report indicates the patient has had two previous lumbar epidural steroid injections, which he found helpful. The attending physician believes the patient will benefit from a third epidural steroid injection due to documented pain relief and to help continue his functional improvement, increase his range of motion, and to improve his flexibility. The CA MTUS does recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, there is corroboration between physical examination and diagnostic studies of radiculopathy involving the right S1 nerve root. Additionally the previous lumbar ESI provided 70% relief of right lower extremity pain. The current request is medically necessary.