

Case Number:	CM15-0131499		
Date Assigned:	07/17/2015	Date of Injury:	01/06/2014
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old female sustained an industrial injury to the low back on 1/6/14. Previous treatment included magnetic resonance imaging, electromyography/nerve conduction velocity test, chiropractic therapy, acupuncture and medications. Magnetic resonance imaging lumbar spine (5/15/14) showed disc herniation at L5-S1 pushing on the right S1 nerve root. Documentation did not disclose electromyography results. In an initial pain management consultation dated 5/21/15, the injured worker complained of low back pain with radiation down the right lower extremity, rated 5-10 on the visual analog scale. The injured worker stated that her symptoms had been improving since the injury. The injured worker could walk for five blocks, sit for 60 minutes and stand for 60 minutes. Physical exam was remarkable for lumbar spine with tenderness to palpation over the lumbar paraspinal musculature with spasms, right spinous process tenderness to palpation, decreased lumbar spine range of motion, positive right straight leg raise, 4/5 right ankle strength and decreased sensation to the right L5 and S1 distribution. Current diagnoses included lumbar radiculopathy. The treatment plan included lumbar epidural steroid injections at right L5-S1, requesting electromyography/nerve conduction velocity test right lower extremity and a trial of Gabapentin and Diclofenac EC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Within the documentation available for review, there are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. Additionally, there is imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. The last reviewer denied the request based off a lack of documentation of conservative management and objective findings. However, the records do show the patient has done conservative measures including medications the patient can tolerate and physical modalities. Therefore, the currently requested Lumbar epidural steroid injection is medically necessary.