

Case Number:	CM15-0136289		
Date Assigned:	07/24/2015	Date of Injury:	12/01/2014
Decision Date:	08/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 60 year old female who sustained an industrial injury on December 1, 2014. She has reported low back pain and has been diagnosed with lumbar strain, bilateral lumbar radiculitis, right greater than left, rule out radiculopathy and discogenic low back pain, rule out herniated nucleus pulposus. Treatment has included medical imaging, physical therapy, injection, and medications. There was low back pain with flexion and right lateral. Straight leg raise was positive sitting and supine on the right. X-rays of the lumbar spine revealed normal with no fracture, degenerative disc disease, or spondylolisthesis. The treatment request includes an outpatient right lumbar epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection under fluoroscopy levels at L5-S1:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for radiating low back pain. EMG/NCS testing included findings of a right S1 radiculopathy and an MRI included mild to moderate left and mild right neuroforaminal narrowing. When seen, she was having radiating pain into the right greater than left leg. Physical examination findings included decreased and painful lumbar spine range of motion. There was decreased right lower extremity strength as an absent right ankle reflex with positive right straight leg raising. Authorization for a lumbar epidural injection was requested. Prior treatments have included medications and physical therapy. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left lower extremity strength and an absent right ankle reflex and imaging and electrodiagnostic findings are consistent with lumbar radiculopathy. The requested epidural steroid injection is medically necessary.