

Case Number:	CM15-0143947		
Date Assigned:	08/04/2015	Date of Injury:	03/01/2013
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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 46 year old female, who sustained an industrial injury on 03-01-2013 secondary to cumulative trauma. On provider visit dated 06-24-2015 the injured worker has reported low back pain radiating into both lower extremities. On examination of the lumbar spine was tender from L3 to L5 bilaterally. There was bilateral lumbar facet tenderness at L3-L4, L4- L5 and L5-S1 level. Pain in the lumbar spine worsens on extension, side bending, and rotation of the spine. Range motion of the lumbar spine was limited. Sciatic notch tenderness was negative bilaterally. Straight leg raise was positive on the right. Weakness in the right lower extremity in L4-L5 myotomes was noted. The diagnoses have included lumbar radiculopathy and large herniated disc-lumbar spine at L4-L5 and L5- S1 level. Treatment to date has included medication. The injured worker was noted to be on total and temporarily disability. The provider requested Epidural Steroid Injection Left L4-L5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Left L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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 March 2013 and is being treated for back pain radiating into the lower extremities, radiating neck pain, and bilateral knee pain. When seen, pain was reading into the left more than right lower extremity. Pain was rated at 7-9/10 physical examination findings included lumbar spine and facet tenderness. There was pain with range of which was limited. Straight leg raising was positive. There was right lower extremity weakness and a decreased left ankle reflex. There is an MRI report of the lumbar spine on 05/24/13 included findings of L4-5 disc bulging with mildly decreased canal diameter and an L5-S1 posterior disc protrusion with mildly decreased canal and without foraminal compromise. 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 right lower extremity strength and left ankle reflex. However, the MRI report does not show evidence of neural compromise. The request cannot be accepted as being medically necessary.