

Case Number:	CM15-0146318		
Date Assigned:	08/07/2015	Date of Injury:	04/10/2005
Decision Date:	09/04/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 57-year-old female who sustained an industrial injury on April 10, 2005 resulting in low back pain impacting mobility and activities of daily living. She was diagnosed with lumbar disc protrusions, and chronic left L5 radiculopathy. Documented treatment has included lumbar medial branch blocks, left L4-L5 and L5-S1 rhizotomy-neurotomy with 60 to 80 percent improvement for three to four months; and, medication gives her a reported 50 percent improvement in pain level. The injured worker continues to present with chronic low back pain. The treating physician's plan of care includes a lumbar transforaminal epidural steroid injection for L5-S1 under fluoroscopy. Work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection L5-S1 under fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, 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, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy with finding of positive straight leg raise, reduced sensation in the L5-S1 dermatome, and reduced motor strength. However, the MRI of the lumbar spine shows partial sacralization of the L5 vertebrae, suggesting there is likely compression of the nerve root at that level. As such, the currently requested lumbar epidural steroid injection is medically necessary.