

Case Number:	CM15-0162215		
Date Assigned:	08/28/2015	Date of Injury:	06/09/2011
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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 34 year old female, who sustained an industrial injury on 6-9-2011. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include chronic back pain with sciatica and multilevel lumbar disc disease. Currently, she complained of ongoing low back pain with radiation to bilateral lower extremities. On 5-26-15, the physical examination documented lumbar tenderness, limited range of motion, and positive straight leg raises bilaterally. The plan of care included a request to authorize bilateral L4-L5 and L5-S1 epidural injections under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4/L5 and L5/S1 epidural injections under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in June 2011 and continues to be treated for chronic pain including low back pain radiating to the lower extremities. An MRI of the lumbar spine on 03/12/15 included findings of multilevel disc bulging with foraminal narrowing ranging from mild to severe with left lateralization at L5-S1. When seen, she was having increasing sciatic symptoms affecting the left side more than the right. Physical examination findings included decreased lumbar spine range of motion with a forward bend posture. There was lower lumbar tenderness. Straight leg raising was positive bilaterally. There was decreased lower extremity sensation, more on the left side. 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 lower extremity sensation with positive straight leg raising and imaging is reported as showing findings consistent with the claimant's left more than right sided symptoms. Bilateral symptoms and physical examination findings are documented. The number of levels being requested is within that recommended and is considered medically necessary.