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| Case Number: | CM15-0165534 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 02/24/2015 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/04/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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 40 year old male who sustained an industrial injury on 2-24-2015. He slipped off a rack causing him to fall down on his buttocks. He has reported low back pain and has been diagnosed with lumbago. Treatment has included medications, injections, physical therapy, and acupuncture. Lumbar range of motion was decreased in all directions 15-20 degrees with pain. Straight leg raise at 35 degrees radic bilateral S1 dermatomes. Sensory was decreased along bilateral L5 dermatomes. Gait was slow. There was tenderness and trigger to the lumbar spine. The treatment plan included a L5-S1 injection. The treatment request included a lumbar epidural steroid injection L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (epidural steroid injection) at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 79.

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 February 2015 when he slipped and fell. Treatments have included medications, physical therapy, acupuncture, psychological treatments, shockwave therapy. Electrodiagnostic testing in May 2015 was negative. An MRI of the lumbar spine in June 2015 included findings of an L5-S1 disc protrusion with bilateral foraminal narrowing and nerve root compromise. When seen, his symptoms were unchanged. He had pain rated at 7/10. Physical examination findings included lower extremity sensory changes at the L5-S1 dermatomes. Authorization for an epidural injection is being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy 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 in a dermatomal distribution and imaging is reported as showing findings consistent with radiculopathy. Conservative treatments have been extensive. The requested epidural steroid injection was medically necessary.