

Case Number:	CM15-0168939		
Date Assigned:	09/09/2015	Date of Injury:	11/13/2013
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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 female who sustained an industrial injury on 11-13-13. The injured worker reported back pain with bilateral radiculopathy. A review of the medical records indicates that the injured worker is undergoing treatments for thoracic degenerative disk, spinal stenosis, lateral recess stenosis L3-L4, spinal stenosis L3-L4, lateral recess stenosis L4-L5, status post lumbar decompression L4-L5, back pain and bilateral radiculopathy right greater than left. Medical records dated 7-23-15 indicate constant sharp pain rated at 7 out of 10. Provider documentation dated 7-23-15 noted the injured worker "had not been released from this new injury and had been asked to return back to work". Treatment has included status post lumbar decompression L4-L5, assistance of a cane, magnetic resonance imaging of the thoracic spine (7-23-15), magnetic resonance imaging of lumbar spine (1-13-14), radiographic studies (7-23-15), Tylenol and Oxycodone. Physical examination dated 7-23-15 was notable for an antalgic gait, "sensory intact in all dermatomes", provider noted the injured worker was unable to heel and toe walk. The original utilization review (8-11-15) denied lumbar epidural spinal injection L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural spinal injection, L3-L4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in November 2013 and is being treated for low back pain with lower extremity radiculopathy after an L4-5 lumbar decompression. When seen, she was having bilateral radicular pain rated at 7/10 affecting the right more than left lower extremity. There was an antalgic gait. Bilateral lower extremity strength was decreased. An MRI in January 2014 included post-operative findings with moderate to severe L3-4 stenosis bilt and right lateralized foraminal stenosis at L4-5. A lumbar epidural steroid 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 strength and imaging is reported as showing findings consistent with radiculopathy with right sided findings that correlate with the claimant's symptoms and physical examination findings. The requested epidural steroid injection was medically necessary.