

Case Number:	CM15-0185702		
Date Assigned:	09/25/2015	Date of Injury:	01/02/2014
Decision Date:	11/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 30 year old male who sustained an industrial injury on 1-2-14 to the lumbar spine. He is not working. He had a prior low back injury that was treated conservatively with full recovery. The medical records indicate that the injured worker is being treated for lumbar radiculitis; posterior disc protrusion; lumbar sprain; lumbar degenerative disc disease. He currently (8-26-15) complains of low back pain with a pain level of 6 out of 10 (his pain is unchanged since his injury per 6-5-14 orthopedic note). The pain level remained 4-6 out of 10 from 4-20-15 through 8-26-15. On physical exam of the lumbar spine there was decreased range of motion, mild tenderness to palpation over the spinous processes at L4-5. The 8-3-15 note indicated that straight leg raise was positive on the left, facet loading with lateral rotation and thoracolumbar extension reproduces axial low back pain, dyesthesia in the left lower extremity. In addition it indicated that the pain was constant with radiation to bilateral legs with weakness and a pain level was 4 out of 10. His pain medication allows him to function and attend to his activities of daily living. The treating provider recommended L4-5 epidural steroid injection to provide pain relief. Diagnostics include MRI of the lumbar spine (5-14-15) showing mild disc protrusion measuring 1, 7 millimeters beyond the adjacent posterior vertebral body margins at the L4-5 level. Treatments to date include tramadol; non-steroidal anti-inflammatories (naproxen) did not provide relief or functional improvement; physical therapy minimal benefit. The request for authorization dated 9-8-15 was for lumbar epidural steroid injection at L4-5 with fluoroscopic guidance. On 9-15-15 Utilization Review non-certified the request for lumbar epidural steroid injection with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-5 with fluoroscopic guidance: 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: In this case, the claimant has sensory abnormalities in the lower extremities and an abnormal MRI of the lumbar spine that would be consistent with radiculopathy. The guidelines recommend ESI for those that failed conservative therapy in conjunction with imaging and physical findings of radiculitis to allow for ESI. The request for the ESI of L4-L5 with fluoroscopy is medically necessary.