

Case Number:	CM15-0203595		
Date Assigned:	10/20/2015	Date of Injury:	04/14/2014
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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 50 year old female who sustained an industrial injury on 4-14-14. A review of the medical records indicates that the worker is undergoing treatment for lumbosacral L5-S1 radiculopathy, lumbosacral strain, iliolumbar strain, lumbosacral disc desiccation and disc degenerative disease, neural foramina impingement at L5-S1 with focal disc protrusion, mild facet arthrosis, right side trochanteric bursitis, right leg sprain, and right leg deconditioning because of the pain. Subjective complaints (9-23-15) include an increase in pain over the past couple of days, cramping pain in the low back, with muscle spasm and radiation down the right leg. Objective findings (9-23-15) include radicular symptoms without improvement with conservative treatment for the previous year and one half, an antalgic gait, diffusely tender paraspinal muscles (lumbar), specifically at L5-S1 junction, right side junction of the posterior superior iliac spine and iliolumbar spine muscle junction, tenderness of the right trochanteric bursa region, sitting slump test and straight leg raise (right) is painful, pain radiates from the lower back to the right leg, and altered sensation ("mild") at L4-L5 dermatomal distribution of the right leg. An MRI of the lumbosacral spine (8-24-15) shows "L5-S1 mild central focal disc protrusion creating minimal central spine canal compromise and mild bilateral lower lumbar facet arthrosis." Previous treatment includes medication and physical therapy. The requested treatment of right L5-S1 epidural steroid injection with fluoroscopic guidance per 9-23-15 order was non-certified on 10-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 epidural steroid injection with fluoroscopic guidance per 09/23/15 order:
Overturned

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

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

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. In this case, the medial records note evidence of radiculopathy stemming from the lumbar spine. The injured worker has failed conservative care. The request for Right L5-S1 epidural steroid injection with fluoroscopic guidance per 09/23/15 order is medically necessary and appropriate.