

Case Number:	CM15-0021810		
Date Assigned:	02/11/2015	Date of Injury:	09/24/2007
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 09/24/2007. On provider visit dated 12/17/2014 the injured worker has reported lower back that radiates down legs and neck pain. On examination he was noted to have positive paracervical tenderness and positive straight leg raise, and antalgic gait. The diagnoses have included lumbar radiculitis, lumbar spine displacement/stenosis. Treatment to date has included MRI lumbar spine. Treatment plan included a left L4-5 lumbar epidural steroid injection. On 01/20/2015 Utilization Review non-certified Left L4-5 Lumbar Epidural Injection. The CA MTUS Chronic Pain Medical Treatment Guideline were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Lumbar Epidural Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 49.

Decision rationale: The patient presents with continued low back pain left greater than right with left greater than right lower extremity pain. The current request is for left L4-5 lumbar epidural injection. The treating physician's hand written report dated 12/17/14 states that the patient has an antalgic gait, positive SLR on the left at 50 degrees and decreased sensation affecting the left L4/5 distribution. The MTUS guidelines state that one of the criterion for an ESI is that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the treating physician has stated that his physical findings are consistent with radiculopathy. The MRI report dated 8/10/09 states, "Bony spinal canal at the lower limits of normal in size with minimal narrowing at L4/5 where a 3mm annular disc bulge is also present and further narrows the spinal canal." There is no documentation found that indicates that the patient has had a previous trial of lumbar ESI. Based on the radicular complaints, worsening pain, positive examination findings and MRI findings the current request is medically necessary. The recommendation is for authorization.