

Case Number:	CM15-0022904		
Date Assigned:	02/12/2015	Date of Injury:	05/09/2007
Decision Date:	04/17/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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 54-year-old female who reported an injury on 05/09/2007 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her lumbar and cervical spine. The injured worker's treatment history included cervical epidural steroid injections, lumbar epidural steroid injections, physical therapy, and multiple medications. The injured worker was evaluated on 01/05/2014. It was documented that the injured worker had 7/10 pain of the cervical spine and 9/10 pain of the lumbar spine. Physical examination findings of the lumbar spine included tenderness to palpation along the paraspinal musculature with radiating pain into the left lower extremity and a positive left sided straight leg-raising test. The injured worker had reduced motor strength in the left knee. The injured worker's treatment plan included an intralaminar lumbar epidural steroid injection at the L5-S1. A Request for Authorization was submitted on 01/12/2015 to support the request. The injured worker had previously undergone an MRI on 04/29/2014 that documented a disc bulge at the L5-S1, impinging on the S1 nerve root on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intralaminar Lumbar Epidural Steroid Injection L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The requested intralaminar lumbar epidural steroid injection L5-S1 is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients with radicular symptoms recalcitrant to conservative therapy and consistent with pathology identified on imaging study. The clinical documentation does indicate that the injured worker has radiculopathy consistent with the L5-S1 dermatomal distribution and pathology identified on the 04/29/2014 imaging study. California Medical Treatment Utilization Schedule does recommend repeat injections for patients with at least 50% pain relief and an increase in function resulting from the initial injection. The clinical documentation does indicate that the injured worker had a transforaminal epidural steroid injection at the L5-S1 previously that resulted in no pain relief. However, an intralaminar approach would allow the release of the steroids in a different pathway than a transforaminal approach. Therefore, as the laterality has changed for the repeat injection, it would be appropriate in this clinical situation. As such, the requested intralaminar lumbar epidural steroid injection L5-S1 is medically necessary and appropriate.