

Case Number:	CM15-0023194		
Date Assigned:	02/12/2015	Date of Injury:	12/06/2013
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49 year old female, who sustained an industrial injury on 12/6/2013. The current diagnoses are low back pain and left leg pain. Currently, the injured worker complains of low back pain with radiation into the left lateral leg down into her ankle. Additionally, she reports a numbness and tingling sensation in the posterior aspect of her left leg. The pain is rated 6-7/10 on a subjective pain scale. She no longer takes any medications because of the lack of sympathetic relief. Treatment to date has included medications and physical therapy. The treating physician is requesting epidural steroid injection under fluoroscopy L4-5, which is now under review. On 1/8/2015, Utilization Review had non-certified a request for epidural steroid injection under fluoroscopy L4-5. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection under fluoroscopy L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at L4 - L5 and L5 - S1 are medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are numerators in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); etc. See the guidelines for details. In this case, the injured worker's working diagnoses a lumbar strain-sprain; lumbar disc pathology; lumbar degenerative disc disease at: lumbar radiculopathy. Subjectively, the injured worker complains of low back pain that radiates from the L5 area to the left calf (L4 - L5 and L5 - S1 dermatome). Objectively, the documentation states there are complaints of radiating pain from the left L5 area of the left calf at the endpoint of straight leg raising. There is decreased to pinch along the left L four - L5, L5-S1 dermatome. MRI of the lumbar spine showed L4 - L5 3-millimeter disc protrusion centrally and eccentric toward the left encroaching on the descending left L5 nerve root. The documentation appears to show radiculopathy involving the left lower extremity with an MRI that corroborates these clinical findings. Consequently, based on the clinical information and medical records and the criteria for meeting an epidural steroid injection, epidural steroid injections at L4 - L5 and L5 - S1 are medically necessary.