

Case Number:	CM15-0023308		
Date Assigned:	02/12/2015	Date of Injury:	06/16/2010
Decision Date:	03/31/2015	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

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 49 year old female, who sustained an industrial injury on 06/16/2010. She has reported subsequent cervical, lumbar and knee strain, chondromalacia of the knee, cervical and lumbar disc bulge, disc degeneration, carpal tunnel syndrome and cervical radiculitis. Lumbar spine MRI dated 5/21/11 revealed 2 mm left posterolateral disc protrusion at L5-S1 and moderately narrowed left neural foramen L5-S1. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy, home exercise program and cervical epidural steroid injections. In a progress note dated 11/11/2014, the injured worker complained of continued moderate to severe low back pain radiating to the left leg and foot and neck pain radiating to the left upper extremity. Objective physical examination findings were notable for limited range of motion of the lumbar spine, positive straight leg raise bilaterally and reduced light touch sensation along the posterior aspect of the left lower extremity. A request for authorization of diagnostic phase lumbar epidural steroid injection at L5-S1. On 01/08/2015, Utilization Review non-certified a request for diagnostic phase lumbar epidural steroid injection at L5-S1, noting that the documentation did not establish a clear dermatomal distribution and that an MRI from 2011 does not note any nerve root impingement. MTUS and ACOEM guidelines were cited. An appeal dated 12/29/14 notes that the injured worker has decreased sensitivity at the left L5-S1 level, positive left straight leg raise. The injured worker has failed conservative care and has positive imaging studies.

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 L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45-46.

Decision rationale: According to the MTUS guidelines, the purpose of epidural steroidal injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that the injured worker has been unresponsive to conservative treatment. In this case, the injured worker has corroborating physical and clinical objective examination findings indicative of lumbar radiculopathy. Imaging studies have demonstrated left L5-S1 disc protrusion and neural foraminal narrowing. The injured worker has failed conservative treatment and therefore the requested epidural steroid injection is supported. The request for lumbar epidural steroid injection at L5-S1 is medically necessary.