

Case Number:	CM15-0029294		
Date Assigned:	02/23/2015	Date of Injury:	07/19/2013
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on July 19, 2013. The injured worker had reported a low back injury. The diagnoses have included lumbar herniated nucleus pulposus of lumbar five-six level, disc protrusion at lumbar four-five level, lumbar radiculitis and lumbar anterolisthesis. Treatment to date has included pain medication, MRI of the low back and chiropractic treatments. Current documentation dated December 8, 2014 notes that the injured worker complained of constant low back pain radiating into the right leg with associated weakness in the calf and foot. He also reported intermittent burning in the low back and numbness and tingling of the right foot. Physical examination of the lumbar spine revealed tenderness, greater on the right. Range of motion was limited. Straight leg raise was positive on the right. On January 26, 2015 Utilization Review non-certified a request for lumbar epidural steroid injections of the lumbar five-sacral one level # 3. The 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:

Lumbar Epidural Steroid Injection L5-S1: 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 9792.20 - 9792.26, Page 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical record does contain documentation of radiculopathy which is corroborated by imaging studies. I am reversing the previous utilization review decision. Lumbar Epidural Steroid Injection L5-S1 is medically necessary.