

Case Number:	CM15-0029426		
Date Assigned:	02/24/2015	Date of Injury:	07/30/2014
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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, Pain Management

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 58-year-old male who sustained a work related injury on July 30, 2014. There was no mechanism of injury documented. The injured worker was diagnosed with chronic lumbar discogenic myofascial pain, disc protrusion at L4-L5-S1 and L5-S1, left lumbar radicular symptoms and gait dysfunction. A repeat magnetic resonance imaging (MRI) was performed on October 7, 2014 noting degenerative changes at L2-L3. Electrodiagnostic testing on October 16, 2014 demonstrated acute left L5-S1 radiculopathy. According to the primary treating physician's progress report on January 22, 2015 the injured worker is currently unchanged and experiences continued numbness and tingling in the lower back radiating to the left leg and foot with 50% flexion; extension, lateral bending and rotation at 25% with a positive straight leg raise on the left side. There is no pain on palpation. Hip range of motion is unrestricted. The evaluator noted an antalgic gait and stance and patient unable to walk on tiptoes and heels. Current medications are listed as Gabapentin, Ultracet and Flexeril. Treatment modalities consist of hard lumbar brace, physical therapy and home exercise program, acupuncture therapy and medication. The treating physician requested authorization for Lumbar epidural steroid injection (ESI) left L4-L5-S1. On February 2, 2015, the Utilization Review denied certification for Lumbar epidural steroid injection (ESI) left L4-L5-S1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection left L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation The Medical Advisor; Official Disability Guidelines (ODG) - Integrated Treatment Guidelines; Official Disability Guidelines (ODG) - Disability Duration Guidelines; Official Disability Guidelines (ODG) - Work Loss Data Institute.

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

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy, including reduced sensation in the left L5 dermatomal distribution, positive straight leg raise on the left, reduced strength at left ankle dorsiflexor, and disc protrusion at L4-5 and L5-S1. Additionally, there is failure of conservative treatment with oral medications and physical therapy. As such, the currently requested lumbar epidural steroid injection is medically necessary.