

Case Number:	CM15-0214936		
Date Assigned:	11/04/2015	Date of Injury:	02/13/2015
Decision Date:	12/15/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, 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 33 year old female, who sustained an industrial injury on 02-13-2015. She has reported injury to the neck and low back. The diagnoses have included sprains and strains of neck; lumbar disc protrusion with back pain and radicular pain; and lumbar disc displacement without myelopathy. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and home exercise program. Medications have included Vicodin, Nabumetone, Norflex, Gabapentin, and Pantoprazole. A progress report from the treating provider, dated 10-14-2015, documented an evaluation with the injured worker. The injured worker reported neck and low back pain; she has an acute exacerbation of her pain while attempting to complete physical therapy; physical therapy has been helpful, however she is unable to tolerate exercises focused on her low back; she has debilitating low back pain rated at 9 out of 10 in intensity on the visual analog scale; the pain radiates down her legs, worse on the right lower extremity; her currently prescribed anti-inflammatory is not alleviating her pain; she is unable to tolerate Norco due to nausea, and she is allergic to Acetaminophen; she has numbness and tingling from her back radiating down to her right leg; and she is amenable to injection now that physical therapy has failed. Objective findings included she is alert, oriented, and in pain; antalgic gait; straight leg raise is positive on the right; and spasm and guarding is noted in the lumbar spine. The treatment plan has included the request for one lumbar epidural steroid injection at L4-L5, L5-S1 with epidurogram, fluoroscopic guidance and intravenous sedation, laterality not specified. The original utilization review, dated 10-28-2015, non-certified the request for one lumbar epidural steroid injection at L4-L5, L5-S1 with epidurogram, fluoroscopic guidance and intravenous sedation, laterality not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection at L4-L5, L5-S1 with epidurogram, fluoroscopic guidance and IV sedation, laterality not specified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESIs are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. In this case, the claimant does have imaging and exam findings consistent with radiculopathy. The claimant does have significant anxiety related to the procedure. The claimant has persistent pain despite conservative therapy. The request for an ESI with fluoroscopy under sedation is appropriate. Therefore, the requested treatment is medically necessary.