

Case Number:	CM15-0039176		
Date Assigned:	03/09/2015	Date of Injury:	07/08/2010
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: Massachusetts

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 41 year old male, who sustained an industrial injury on 07/08/2010. He has reported subsequent low back, neck right upper and lower extremity pain and headaches and was diagnosed with lumbar spine sprain/strain, neuroforaminal narrowing at L5-S1, L5 radiculopathy, persistent right neck pain and post traumatic headaches. Treatment to date has included oral pain medication, physical therapy, a home exercise program and lumbar facet joint-medial branch nerve injections. In a progress note dated 02/09/2015, the injured worker complained of back pain radiating to the right leg. Objective findings were notable for tenderness over the right L4-L5 and L5-S1 paravertebral joints, bilateral paraspinous lumbar musculature tenderness and pain with range of motion of the lumbar spine. The physician noted that a request would be made for the injured worker to undergo an L5-S1 epidural steroid injection due to continued symptoms of low back pain and radiculopathy with MRI findings of severe right neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right L5-S1 epidural steroid injection under fluoroscopic guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic pain including low back pain with right lower extremity radicular symptoms. When seen by the requesting provider he had symptoms including numbness and tingling into the right lower extremity. Physical examination findings included abnormal right lower extremity sensation and a positive straight leg raise. An MRI is referenced as showing severe right L5/S1 foraminal stenosis, consistent with the claimant's symptoms and physical examination. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents abnormal lower extremity sensation with positive neural tension signs and imaging findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.