

Case Number:	CM15-0041385		
Date Assigned:	03/11/2015	Date of Injury:	07/23/2013
Decision Date:	05/05/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/04/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 22 year old female, who sustained an industrial injury on 7/23/2013. She reported a trip and fall, injuring her right knee and back. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis and lumbar disc displacement without myelopathy. The 10/02/2014 MRI of the lumbar spine showed multilevel disc bulges, recess stenosis and impingement of bilateral L4 and left L3 nerve roots. The 10/2/2014 EMG / NCV studies showed right L5 and S1 radiculopathy. Treatment to date has included physical therapy and medications. Currently, in a progress note dated 1/26/2015, the injured worker complains of low back pain that radiates to the right leg. The treating physician is requesting lumbar epidural steroid injection and 2 week follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Conricosteroid Injection L3, L4, L5 with [REDACTED]:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the OD guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective, radiological and EMG/NCV findings consistent with the diagnosis of lumbar radiculopathy. The patient failed conservative treatments with medications and physical treatments. The guidelines recommend that minimally invasive interventional pain procedures be utilized before more invasive spinal surgery. The criteria for L3, L4 and L5 lumbar epidural steroid injection with [REDACTED] were met. Therefore, the request is medically necessary.