

Case Number:	CM15-0041835		
Date Assigned:	03/12/2015	Date of Injury:	05/03/2013
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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 63-year-old female, who sustained an industrial injury on 5/03/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having cervicobrachial syndrome. Treatment to date has included conservative measures, including diagnostics, medications, and physical therapy. The documentation noted cervical medial branch block on 7/11/2014, with reduction in pain from 6/10 to 1/10. Electromyogram studies of the bilateral lower extremities were noted as unremarkable, per the PR2 report dated 2/04/2015. Magnetic resonance imaging of the lumbar spine, performed 1/28/2015, was referenced. Currently, the injured worker complains of neck pain and back pain, with radiation from the low back down the left leg to foot. Overall pain was rated 9/10, decreased to 5/10 with medication use. Medications included Flexaril, Naprosyn, Ultracet, Xenical, Acyclovir, and Hydrocodone. Physical exam of the lumbar spine noted restricted range of motion. Palpation of the paravertebral muscles was noted with hypertonicity, spasm, tenderness, and tight muscle band on both sides. Straight leg raise test was positive on the left and FABER test was positive. Sensation was decreased over the L5 dermatome on the left. Motor testing noted left lower extremity deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 and S1 lumbar epidural injection: 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 Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain radiating to the left lower extremity. 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, an MRI of the lumbar spine describes severe canal and lateral recess stenosis with left lateralization at multiple levels and the requesting provider documents decreased left lower extremity strength and sensation. 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.