

Case Number:	CM15-0045043		
Date Assigned:	03/16/2015	Date of Injury:	02/25/2012
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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 52 year old male, who sustained an industrial injury on 2/25/12. The work related injury is not fully described in the medical documentation submitted. The injured worker was diagnosed as having cervical sprain/strain; lumbosacral strain; lumbosacral/thoracic radiculitis. Treatment to date has included MRI lumbar spine (11/8/13); medications. Currently, the PR-2 note dated 2/10/15 is hand written and partially illegible. The notes indicate the injured worker complains of lumbosacral strain that is sharp and radiates to legs. The "report of Orthopaedic Reevaluation and Request for Treatment Authorization" dated 10/16/14 indicates the injured worker complains of ongoing pain and stiffness to his lumbar spine radiating down the left leg with numbness, tingling and weakness to the left lower extremity. The documentation submitted includes the MRI lumbar spine report dated 11/8/13 demonstrating "heterogeneous T1/T2 bright signal intensity of L3 and L4 vertebral bodies"; disc desiccation, disc protrusion at L3-L4 and L4-L5" which causes stenosis of the spinal canal." The provider has requested lumbar epidural steroid injection (LESI) at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) at L4-L5: 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 Page(s): 46.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic radiating low back pain. When seen, there was positive left straight leg raising with decreased left lower extremity sensation. An MRI of the lumbar spine showed findings of stenosis at L4/5. 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 decreased lower extremity sensation with positive neural tension signs and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included chiropractic care 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.