

Case Number:	CM15-0047703		
Date Assigned:	04/14/2015	Date of Injury:	06/28/2011
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/13/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old female who sustained an industrial injury on June 28, 2011. He has reported lower back and neck pain and has been diagnosed with displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, cervical disc displacement, and cervicalgia. Treatment has included physical therapy, non-steroidal anti-inflammatories, narcotics, and conservative therapy. Currently the injured worker complained of pain in the lower back and neck. The treatment plan included a lumbar epidural steroid injection 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 at L4-L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: MTUS Guidelines support the use of epidural injections if strict criteria are met. These criteria include a well-defined dermatomal radiculopathy that corresponds with diagnostic studies EMG OR MRI. This candidate meets these criteria. Both the treating physician and AME evaluator document a clinical radiculopathy that is consistent with MRI findings. EMG findings were negative, but they often miss mild or early nerve root irritation and Guidelines do not support their use to over ride skilled clinical findings of a radiculopathy which is supported by MRI findings that show lateral stenosis. Under these circumstances, the Lumbar Epidural Steroid Injection at L4-5 is supported by Guidelines and is medically necessary.