

Case Number:	CM15-0050938		
Date Assigned:	03/24/2015	Date of Injury:	05/24/2010
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/17/2015

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 62 year old male, who sustained an industrial injury on 05/24/2010. On provider visit dated 02/02/2015 the injured worker has reported low back pain. On examination he was noted to have tenderness to palpation throughout midline thoracic spine and mild tenderness to palpation over the lumbar region. A positive straight leg raise on left causing pain the foot. The diagnoses have included status post three level lumbar fusion, left lumbar radiculopathy, and lumbar spine degenerative disc disease. Treatment to date has included medication, lumbosacral brace, electromyogram/nerve conduction study, MRI lumbar spine, and home exercise program and laboratory studies. The provider requested lumbar transforaminal epidural steroid injection for relief of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Transforaminal Epidural Steroid Injection at Left L4-L5, as outpatient:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Transforaminal Epidural Steroid Injection.

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 radiating low back pain. Treatment has included a lumbar fusion. When seen by the requesting provider, there was a positive left straight leg raise with decreased left lower extremity strength and sensation. Electrodiagnostic testing and MRI scan showed findings consistent with radiculopathy that would correlate with the claimant's complaints and physical examination findings. 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 strength and sensation with positive neural tension signs and imaging and EMG/NCS have shown 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.