

Case Number:	CM15-0050944		
Date Assigned:	03/24/2015	Date of Injury:	01/20/2015
Decision Date:	05/01/2015	UR Denial Date:	03/01/2015
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:

This 65 year old female sustained an industrial injury on 1/20/05. She subsequently reported low back and left lower extremity pain. Diagnostic testing has included x-rays, nerve conduction studies and MRIs. Diagnoses include sciatica, lumbar disc displacement without myelopathy and disorders of sacrum. Treatments to date have included injections, physical therapy, lumbar facet radiofrequency ablation and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for L4 and L5 bilateral transforaminal lumbar epidural steroid injection to include each additional level, lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast dye was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 and L5 bilateral transforaminal lumbar epidural steroid injection to include each additional level, lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast dye:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46. Decision based on Non-MTUS Citation Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. An MRI of the lumbar spine included findings of multilevel foraminal stenosis with left lateralization at L3/4. Physical examination findings included a positive left straight leg raise with decreased lower extremity strength and sensation. 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 positive neural tension signs and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. Although not required, the requested epidurogram may provide additional diagnostic information and would confirm medication placement. This request is for an epidural steroid injection to be performed under fluoroscopy with sedation. The criteria are met and the request is therefore considered medically necessary.