

Case Number:	CM15-0051138		
Date Assigned:	03/24/2015	Date of Injury:	04/19/2012
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/18/2015

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 38-year-old male, who sustained an industrial injury on 4/19/12. The injured worker has complaints of right lower fifth extremity L5-S1 radiculopathy with low back pain. The diagnoses have included right sided L5-S1 herniated nucleus pulposus (HNP); lumbago, right sided and right sacroilitis. Treatment to date has included Magnetic Resonance Imaging (MRI) of the lumbar spine in October 2012 that demonstrated a 3 millimeter right sided paracentral disc protrusion at L4-5; Magnetic Resonance Imaging (MRI) of the lumbar spine on 12/1/14 that demonstrated at L4-5 there was some degenerative disc disease, there was a 4 millimeter disc protrusion that was I the right side and was essentially a disc extrusion that butts the descending L5 nerve root on the right side and his symptoms were in the right leg and medications. The requested treatment is for lumbar epidural steroid injection, right side L4-L5, L5-S1 was to see if this cures and relieves his symptom.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, right side L4-L5, L5-S1: 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 more than 3years status post work-related injury and continues to be treated for chronic radiating low back pain. Imaging in December 2014 included findings of a worsening right L4/5 disc extrusion. The requesting provider documents positive Lasgue testing and abnormal right lower extremity 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 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 physical therapy and medications. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.