

Case Number:	CM15-0059943		
Date Assigned:	04/06/2015	Date of Injury:	12/05/2014
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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 58 year old male, who sustained an industrial injury on 12/5/2014. The current diagnosis is lumbar radicular syndrome. According to the progress report dated 2/3/2015, the injured worker notes his pain is constant. The pain is rated 7/10 on a subjective pain scale. The current medications are Norco, Flexeril, and Motrin. Treatment to date has included medication management, X-rays, MRI of the lumbar spine, and home exercise program. The plan of care includes lumbar epidural steroid injection via caudal approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection via caudal approach: 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 based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders, p179.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for radiating low back pain. When seen, the claimant was having ongoing right lower extremity radicular symptoms. Physical examination findings included a positive right straight leg raise and decreased right ankle strength. An MRI had shown findings of a right lateralized disc herniation at L4-5. Epidural steroid injections are recommended as an option for the treatment of radicular pain. The three approaches most commonly used are caudal, interlaminar, and transforaminal. 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 has MRI evidence of radiculopathy with physical examination findings of decreased lower extremity strength and positive straight leg raising. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed at the caudal level under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.