

Case Number:	CM15-0060437		
Date Assigned:	04/06/2015	Date of Injury:	05/16/2003
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
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 57 year old male who sustained an industrial injury on 05/16/03. Initial complaints and diagnoses are not available. Treatments to date include medications, pain medication injections, and home exercise program. Diagnostic studies include MRI of the lumbar spine. Current complaints include low back and right lower extremity pain. In a progress note dated 02/06/15 the treating provider reports the plan of care as continued medications and a lumbar epidural steroid injection with fluoroscopy. The requested treatments are a lumbar epidural steroid injection with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic low back and radiating right lower extremity pain. An MRI scan in September 2014 is referenced as showing multilevel annular tears and disc protrusions. When seen, physical examination findings included positive right straight leg raising with decreased right lower extremity strength. Lumbar spine surgery is being considered. 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 slightly decreased lower extremity strength with positive neural tension signs and imaging has shown findings of multilevel disc protrusions. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection with fluoroscopy is therefore considered medically necessary.

Fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic low back and radiating right lower extremity pain. An MRI scan in September 2014 is referenced as showing multilevel annular tears and disc protrusions. When seen, physical examination findings included positive right straight leg raising with decreased right lower extremity strength. Lumbar spine surgery is being considered. 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 slightly decreased lower extremity strength with positive neural tension signs and imaging has shown findings of multilevel disc protrusions. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the request for fluoroscopy during the procedure is therefore also medically necessary.