

Case Number:	CM15-0060579		
Date Assigned:	04/06/2015	Date of Injury:	07/20/2011
Decision Date:	05/05/2015	UR Denial Date:	03/25/2015
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 (IW) is a 50-year-old female who sustained an industrial injury on 07/20/2011. She reported back pain. The injured worker was diagnosed as having lumbar sprain/strain chronic, lumbar radiculopathy, lumbar disc protrusion, and history of anxiety and depression. Treatment to date has included physical therapy and acupuncture. Currently, the injured worker complains of bilateral shoulder pain, and low back pain with radiculopathy. Treatment plan included review of the workers MRI findings of 05/26/2014 that are consistent with the presence of a disc protrusion at the L4-L5 level, and discussion of her medications and the potential for cervical and lumbar facet injections and trigger point injections. A request was submitted for a Lumbar ESI (epidural steroid injection) L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L3-4 and L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for bilateral shoulder and radiating low back pain. When seen, she had radiating symptoms with lower extremity weakness and numbness. There was decreased lower extremity sensation with positive straight leg raising. An MRI in December 2011 had shown disc bulging at L4/5 with moderate foraminal encroachment. Abnormal EMG/NCS testing is referenced. 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 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.