

Case Number:	CM15-0082504		
Date Assigned:	05/04/2015	Date of Injury:	09/18/2011
Decision Date:	06/04/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/29/2015

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 47 year old female sustained an industrial injury on 9/18/11. She subsequently reported knee pain. Diagnoses include L1-S1 disc degeneration and radiculopathy. Treatments to date include x-ray and MRI testing, physical therapy, surgery, chiropractic care, acupuncture and prescription pain medications. The injured worker continues to experience left leg pain. Upon examination, straight leg raises are negative bilaterally, it is noted that the injured worker walks with an antalgic gait pattern and there is palpable tenderness over the right sacroiliac joint. A request for Lumbar Epidural Steroid Injection L5-S1 Level 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:

Lumbar Epidural Steroid Injection L5-S1 Level: 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 rationale: The claimant sustained a work injury in September 2011 and continues to be treated for low back pain with radiating lower extremity symptoms including numbness to the left foot. When seen, physical examination findings included decreased left lower extremity strength and sensation. An MRI of the lumbar spine had shown findings of a left lateralized L5-S1 disc herniation with mild neural compression. 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 symptoms of radiculopathy and her provider documents decreased left lower extremity strength and sensation. 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.