

Case Number:	CM14-0094567		
Date Assigned:	09/12/2014	Date of Injury:	03/29/2011
Decision Date:	10/23/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 64 year-old female with date of injury 03/29/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/22/2014, lists subjective complaints as pain in the low back with radiating pain alternating into both buttocks, the left greater than right, and pain into the right posterior thigh, calf and foot. Objective findings: Examination of the lumbar spine revealed standing range of motion to be 90 degrees. Seated straight leg raising were negative bilaterally. Heel walking was normal. Toe walking was diminished on the right. Knee and ankle reflexes were trace. Motor exam was 4/5, right knee flexion and extension. Sensory showed right dorsolateral calf, ankle, dorsolateral foot, and right 5th toe region. Diagnosis: 1. Status post L3-L4, L4-L5 fusion for grade 1-2 spondylolisthesis 2. Right L4, L5, S1 chronic radiculopathy 3. Persistent lower back pain with right leg radiculopathy, now with left radicular pain 4. Depression and anxiety secondary to chronic pain. 10/2013 imaging of the low back showed postoperative changes and degenerative disc disease along with Grade I-II spondylolisthesis at L5-S1. EMG showed a right L4, L5 and S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 ESI (Epidural Steroid Injections) Under Fluoroscopic Guidance And Conscious Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter-ESI(Epidural Steroid Injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There is documentation in the medical record for each of the points above. I am reversing the previous utilization review decision. Lumbar epidural steroid injection is medically necessary.