

Case Number:	CM14-0201368		
Date Assigned:	12/11/2014	Date of Injury:	12/15/2013
Decision Date:	06/18/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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: California
Certification(s)/Specialty: Internal Medicine

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 42 year old male, who sustained an industrial injury on 12/15/2013. Diagnoses have included herniated nucleus pulposus (HNP) of L5-S1 and bilateral lumbar radiculopathy. Treatment to date has included chiropractic treatment, acupuncture, lumbar support corset and medication. According to the progress report dated 9/24/2014, the injured worker complained of low back pain rated 8/10. He reported ongoing tingling and numbness in his hands and down both legs. He reported being able to stand and walk for about 20-25 minutes. He also complained of neck pain. Exam of the spine revealed tenderness to palpation at the lumbar spine and bilateral paraspinal muscles. Straight leg raise was positive bilaterally. He was provided Norflex and Naproxen. Authorization was requested for transforaminal epidural steroid injection to the bilateral S1 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION BILATERAL S1 NERVE ROOTS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) indicates that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injections at the bilateral S1 nerve roots were requested. The primary treating physician's progress report dated 9/24/14 documented radicular pain documented by physical examination and corroborated by imaging studies and electrodiagnostic testing, which supports the request for epidural steroid injections per MTUS guidelines. Therefore, the request for transforaminal epidural steroid injections at the bilateral S1 nerve roots is medically necessary.