

Case Number:	CM14-0214180		
Date Assigned:	01/07/2015	Date of Injury:	05/17/2014
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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: 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 is a patient with a date of injury of 5/17/14. A utilization review determination dated 11/26/14 recommends non-certification/modification of lumbar ESI. 10/2/14 lumbar spine MRI report notes L4-5 disc protrusion effacing the thecal sac and narrowing the lateral recesses with encroachment of the transiting nerve roots. At L5-S1, there is a disc protrusion abutting the thecal sac. 10/22/14 medical report identifies low back pain radiating to the lower extremities with numbness and tingling. On exam, there is tenderness, spasm, trigger points, SLR positive bilaterally, Braggard's test positive bilaterally, and limited ROM. There is decreased sensation bilateral L4-S1 and motor strength 4/5 bilateral ankle dorsiflexors, EHL, and plantar flexors.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection under fluoroscopy and intravenous sedation:

Overturned

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

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

Decision rationale: Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are subjective and objective findings consistent with lumbar radiculopathy with corroborating MRI findings. In light of the above, the currently requested lumbar epidural steroid injection is medically necessary.