

Case Number:	CM14-0215236		
Date Assigned:	01/02/2015	Date of Injury:	08/27/2007
Decision Date:	02/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/23/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 53-year-old male with 8/27/07 date of injury. The 6/18/14 (21) attending physician report notes the patient is having persistent low back pain radiating down his right leg. His distal right leg is constantly numb. Additional chiropractic was denied. He is using a TENS unit at home with no significant relief. He is agreeable to ESI due to symptom relief with prior ESI in 2007, 2008 and 2009. The EMG/NCV report dated 6/2/14 showed mild right L5/S1 radiculopathy. Physical exam reveals limitation in lumbar range of motion, positive right SLR, and tenderness and trigger points in the lumbar paraspinals bilaterally. Attending physician report dated 11/18/14 states that prior epidural steroid injection provided significant relief and he is recommending another. Current medications include Tramadol, Norco, Neurontin, FlurLido-A cream, and Ultraflex -G Cream. The current diagnoses are: 1. Lumbosacral strain with lumbago. 2. Multilevel lumbosacral disc protrusion. 3. L3-4 annular tear. 4. Right L5, S1 radiculopathy. The request is for epidural steroid injection in the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection.: Overturned

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

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

Decision rationale: The patient presents with persistent low back and right leg pain. The current request is for lumbar epidural steroid injection. The treating physician states that the patient responded well to the previous injection on 7/7/14. The MTUS guidelines state lumbar epidural steroid injection is recommended as an option for treatment of radicular pain. Most recent guidelines recommend no more than two ESI injections. In this case, the treating physician documents success with the previous injection. Prior to this injection he has not had an injection since 2009. Records indicate the patient has radiculopathy corroborated by electrodiagnostic studies, which has been unresponsive to conservative treatment. The available documentation meets the criteria outlined by CA MTUS. Based on the documentation, the current request is medically necessary and the recommendation is for authorization.