

Case Number:	CM15-0000624		
Date Assigned:	01/12/2015	Date of Injury:	04/05/2014
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

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 injured worker is a 59 year old female, who sustained an industrial injury on 04/05/2014. She has reported subsequent moderate to severe lower back, leg and gluteal pain. MRI showed L4-L5 degenerative spondylolisthesis, L5-S1 degenerative disc disease and left lumbar radiculopathy. The IW was diagnosed with lumbar sprain/strain, lumbar spinal stenosis, degenerative disc disease, lumbar radiculopathy and muscle spasm of the back. Treatment to date has included oral pain medication, application of heat and ice, acupuncture and physical therapy. An orthopedic spine consultation note from 11/10/2014 noted that the IW complained of continued severe lower back pain rated as an 8/10 and left leg pain rated as a 9/10. The IW was noted to have a down going Babinski reflex, slightly decreased sensation on the posterior dorsal lateral foot and a mildly positive straight leg raise on the left side. The IW's gait was documented as slightly antalgic. The orthopedist requested an epidural steroid injection of the L5-S1 spine for further symptom relief. On 12/10/2014, Utilization Review non-certified the request for epidural steroid injection of L5-S1, noting that radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with low back pain and left leg pain. The current request is for lumbar epidural steroid injection at L5-S1. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. It does not appear that this patient has trialed epidural injections in the past. This patient presents with low back pain and left leg pain with decreased sensation and mildly positive left-sided straight leg raise. MRI of the lumbar spine from 06/16/2014 revealed at the L5-S1 level mild to moderate bilateral facet arthropathy. There is marginal exostosis ridging with minimal bilateral foraminal narrowing, type 2 endplate changes. Although the patient presents with some radicular symptoms, the MRI findings from 06/16/2014 do not document significant herniation/protrusion or stenosis that can corroborate the patient's complaints of leg pain. The requested lumbar epidural steroid injection IS NOT medically necessary.