

Case Number:	CM15-0111486		
Date Assigned:	06/17/2015	Date of Injury:	06/26/2007
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: Preventive Medicine, Occupational 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 50 year old female who sustained an industrial injury on 6/26/07. The mechanism of injury is unclear. She currently complains of increased pain in the mid and low back and bilateral lower extremities with a pain level of 8/10; constant, sharp neck pain with radiation, numbness, weakness and tingling to the bilateral shoulders extending down the bilateral upper extremities to the hands with a pain level of 8/10. On physical exam there was tenderness to palpation of the cervical, thoracic and bilateral paraspinals, spasms over bilateral paraspinals, decreased range of motion and sensation. There was a positive slump test bilaterally and Lasegue is positive on the right. Medications are LidoPro cream, Capsacian cream, Elavil, ibuprofen, Prilosec, gabapentin, Norco. Diagnoses include degenerative disc disease of the lumbar spine with radiculopathy; disc protrusion with moderate stenosis and foraminal narrowing at L5-S1; facet syndrome of the lumbar spine; status post cholecystectomy; psychological issue including sleep deprivation, depression, anxiety, coping issues; multilevel facet arthropathy; multilevel lumbar neural foraminal narrowing; chronic pain syndrome. Treatments to date include pain psychologist consultation; 19 sessions of acupuncture with minimal relief; 8 chiropractic treatments with temporary benefit; 15 sessions of physical therapy with minimal temporary relief; home exercise program; medications. Diagnostics include MRI of the lumbar spine (10/8/14) showing disc protrusion L4-5, L5-S1 with bilateral foraminal stenosis; electromyography bilateral lower extremities (1/24/13, 6/27) abnormal study; electromyography/ nerve conduction study bilateral upper extremities (6/27/13) abnormal study; MRI of the lumbar spine (12/2/13) showing retrolisthesis and anterior spondylosis. In the

progress note dated 4/21/15 the treating provider's plan of care includes a request for transforaminal epidural steroid injection right L4,5 and S1 nerve roots in an attempt to decrease pain into the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection R L4-L5, L5-S1 nerve root: 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 Page(s): 46.

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. The medical record does contain documentation of radiculopathy which is corroborated by imaging studies. I am reversing the previous utilization review decision. Transforaminal epidural steroid injection R L4-L5, L5-S1 nerve root is medically necessary.