

Case Number:	CM15-0112716		
Date Assigned:	06/19/2015	Date of Injury:	01/09/2002
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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:

This 58 year old male sustained an industrial injury to the low back and neck on 1/9/02 and 4/26/04. Previous treatment included epidural steroid injections, home exercise and medications. Magnetic resonance imaging lumbar spine (undated) showed herniated nucleus pulposus at L3-4 and L4-5. In a PR-2 dated 4/16/15, the injured worker complained of low back pain in the bilateral L4 distribution. The injured worker reported having problems sleeping. The injured worker woke frequently due to pain and spasms in bilateral lower extremities. The injured worker reported that his last lumbar epidural steroid injection was on 8/25/14 and lasted for about 5-6 months. Physical exam was remarkable for positive bilateral straight leg raise, decreased sensation at bilateral thighs and decreased right flexor hallucis longus strength. Current diagnoses included lumbar spine radiculopathy, lumbar spine herniated nucleus pulposus, cervical spine disc bulge, cervical spine radiculopathy and status post cervical spine epidural steroid injection. The treatment plan included L3-4 epidural steroid injection, continuing home exercise and continuing Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluoroscopic guidance at L3-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Criteria for the use of Epidural steroid injections.

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. There is clear documentation of radiculopathy as outlined above and a previous LESI was effective for six months. I am reversing the previous utilization review decision. Lumbar epidural steroid injection under fluoroscopic guidance at L3-L5 is medically necessary.