

Case Number:	CM15-0113731		
Date Assigned:	06/22/2015	Date of Injury:	09/15/2003
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

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:

The injured worker is a 53 year old female, who sustained an industrial injury on 09/15/2003. The injured worker reported low back and leg pain as a result of assisting a patient. On provider visit dated 05/26/2015 the injured worker has reported low back pain and right lower extremity pain. On examination of the lumbar spine was noted to have a limited range of motion. The diagnoses have included lumbar disc herniation, lumbar disc degeneration, chronic low back pain and radiculopathy. Treatment to date has included medication. The injured worker was noted to be retired. The provider requested Right L4-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant sustained a work-related injury in September 2003 and continues to be treated for low back pain radiating into the right lower extremity. The claimant underwent a multilevel lumbar fusion in 2011 with revision in 2012. When seen, pain was rated at 6-7/10 and she was having radicular symptoms. There was decreased lumbar range of motion. Right straight leg raising was positive and there was decreased right lower extremity sensation and an absent ankle reflex. MRI scans have shown findings including moderate spinal stenosis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right lower extremity sensation and absent ankle reflex and imaging is reported as showing stenosis. The criteria are met and the request was medically necessary.