

Case Number:	CM15-0115582		
Date Assigned:	06/23/2015	Date of Injury:	10/22/2010
Decision Date:	07/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 50-year-old male, who sustained an industrial injury on 10/22/10. He reported back pain and weakness and numbness in the right leg. The injured worker was diagnosed as having lumbar radiculopathy and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included lumbar epidural injections and medication including Norco. On 5/4/15, back pain was rated as 9/10. Nerve conduction/electromyography studies obtained on 4/6/15 revealed chronic neurogenic changes in the right L3-4 innervated muscles suggestive of chronic right L3-4 radiculopathy. Currently, the injured worker complains of bilateral low back pain. The treating physician requested authorization for a lumbar epidural steroid injection at L3-4 and L4-5.

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 L3-4 and L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

Decision rationale: The medical records provided for review do document physical exam findings consistent with radiculopathy with corroboration by EMG in association with plan for epidural steroid injection. ODG guidelines support ESI when: (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electro diagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such, the medical records do support the use of ESI congruent with ODG guidelines. This request is medically necessary.