

Case Number:	CM15-0121866		
Date Assigned:	07/06/2015	Date of Injury:	09/30/1987
Decision Date:	08/10/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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, 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 was a 56-year-old male, who sustained an industrial injury, September 30, 1987. The injured worker previously received the following treatments left sacroiliac joint injection with positive results, Duragesic patch, lumbar spine MRI, physical therapy, home exercise program and acupuncture. The injured worker was diagnosed with sacroilitis of the left sacroiliac joint, lumbar strain/sprain, lumbar disc herniations and lumbar radiculitis/radiculopathy of the left lower extremity. According to progress note of May 11, 2015, the injured worker's chief complaint was suffering from multiple disc herniations with signs and symptoms of radiculitis/radiculopathy of the lower extremities, which was progressive in nature and matching dermatomal distribution, and correlated with the positive MRI results. The physical exam noted Gaenslen's sign, Patrick Fabre test and sacroiliac joint thrust test were positive. The lumbosacral spine revealed a normal gait. The injured worker was able to walk on heels and toes, but with difficulty due to bilateral hip pain. The pelvis was level. There was straightening of the lumbar lordosis. There was decreased range of motion in the lumbar spine. The straight leg raises were severely positive in the seated and supine positions. The injured worker ambulated normally with a mild limp. The treatment plan included a left transforaminal lumbar epidural steroid injection at lumbar L4-L5 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Lumbar Epidural Steroid Injection Lumbar 4-5 under fluoroscopy guidance: 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 9792. 20-9792. 26 Page(s): 46 of 127.

Decision rationale: Regarding the request for lumbar epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The MRI corroborates the subjective complaints and objective findings. There is also identification that the patient has failed reasonable conservative treatment measures. As such, the currently requested lumbar epidural steroid injection is medically necessary.