

Case Number:	CM15-0027462		
Date Assigned:	02/19/2015	Date of Injury:	06/04/1991
Decision Date:	04/03/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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

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 48 year old female, who sustained an industrial injury on 6/04/1991. The diagnoses have included low back pain with disc protrusion and positive radicular symptoms in the right lower extremity. Treatment to date has included physical therapy and back brace. Magnetic resonance imaging (MRI) of the lumbar spine dated 10/24/2014 revealed a broad based 4mm right paracentral disc protrusion which mildly impinged upon the traversing right L5 nerve root at the L4-5 level. There was also ligamentum flavum and facet hypertrophy. Currently, the IW complains of lower back pain with radiation down the right leg. Objective findings included decreased spinal flexibility with her fingertips reaching halfway down her tibias with knees extended. On 2/06/2015, Utilization Review non-certified a request for lumbar epidural steroid injection at right L4-5, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/13/2015, the injured worker submitted an application for IMR for review of inject spine lumbar/sacral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: 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 ESI
Page(s): 46-47.

Decision rationale: The patient presents with low back pain that radiates down the RIGHT leg. The request is for LUMBAR EPIDURAL STEROID INJECTION L4-5. Patient's diagnoses per RFA dated 01/28/15 includes lumbago, displacement of lumbar intervertebral disc without myelopathy and lumbar radiculopathy with mild stenosis. Physical examination on 01/27/15 revealed positive straight leg raising test and positive radicular symptoms. The MRI performed on 10/24/14 revealed a broad based 4mm right paracentral disc protrusion which mildly impinged upon the traversing RIGHT L5 nerve root at the L4-5 level. There was also ligamentum flavum and facet hypertrophy; there is mild central stenosis and minimal left-sided foraminal narrowing. Treatment to date has included physical therapy and back brace. The patient is temporarily totally disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Per progress report dated 01/27/15, treater states "The patient has failed conservative care. She has documented herniated disc and a positive straight leg raising test, so the next step in the treatment continuum is to perform an epidural steroid injection..." In this case, radiculopathy was documented by physical examination and corroborated by imaging studies. The medical records provided did not show a prior lumbar ESI. The request for lumbar epidural injection appears reasonable and to be in accordance with MTUS recommendations. Therefore, the request IS medically necessary.