

Case Number:	CM15-0033719		
Date Assigned:	02/27/2015	Date of Injury:	02/18/2014
Decision Date:	04/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 51-year-old female, who sustained an industrial injury on 2/18/2014, while employed as a janitor. She reported pain to her mid and low back while mopping a floor. The diagnoses have included lumbar and thoracic sprain/strain. Treatment to date has included conservative measures. Magnetic resonance imaging of the cervical spine, dated 6/03/2014, was submitted. Electrodiagnostic testing of bilateral lower extremities report, dated 8/05/2014, was submitted. A lumbar spine magnetic resonance imaging was referenced as positive. The progress note, dated 10/17/2014, noted that lumbar magnetic resonance imaging showed minimal central disc protrusion and mild facet arthrosis, causing moderate right and mild left neural foraminal stenosis, with a small annular fissure at L5-S1. L4-5 revealed minimal right foraminal disc protrusion, causing mild right neural foraminal stenosis. Electroneuromyographic studies of the upper extremities, 10/06/2014, suggested carpal tunnel syndrome, right greater than left. Currently, the injured worker complains of bilateral hand pain and back pain. Medications included Tramadol, Omeprazole, Naproxen, and topical cream for pain. The orthopedic progress note, dated 11/21/2014, noted complaints of cervical pain, with radiation to bilateral upper extremities, and lumbar pain with radiation to the right lower extremity. Exam of the lumbar spine noted myospasms with myofascial trigger points and referred pain with twitch response along the lumbosacral paraspinals bilaterally. Diminished sensation and pain were noted along right L5 and S1 distributions. Gait was slowed and wide based. On 1/22/2015, Utilization Review non-certified a request for a lumbar epidural injection, right L5-S1, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection right L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections be utilized for the treatment of lumbar radiculopathy pain when conservative treatments with medications and PT have failed. The records indicate that the subjective, objective and radiological findings are consistent with the diagnosis of lumbar radiculopathy. The MRI of the lumbar spine showed findings consistent with right L5-S1 radiculopathy. The patient have completed and failed conservative treatments with medications and PT. The criteria for right L5-S1 lumbar epidural steroid injection was met.