

Case Number:	CM15-0038580		
Date Assigned:	03/09/2015	Date of Injury:	08/01/2014
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency Medicine

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 65 year old female, who sustained an industrial injury on August 1, 2014. She has reported lower back pain and left leg pain. Diagnoses have included spinal stenosis. Treatment to date has included medications, home exercise, and imaging studies. A progress note dated January 20, 2015 indicates a chief complaint of increased lower back pain left leg pain with spasms and numbness and tingling. The treating physician documented a plan of care that included medications and a lumbar spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine caudal epidural steroid injection: Overturned

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

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

Decision rationale: The requested Lumbar spine caudal epidural steroid injection is medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs)

note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has increased lower back pain left leg pain with spasms and numbness and tingling. UR had denied this request due to undocumented conservative treatment. The treating physician has documented exam evidence of radiculopathy included a positive left straight leg raising test and decreased Left L4-5 sensation, as well as multi-level foraminal stenosis on 11/10/14 lumbar MRI. The treating physician has also documented conservative treatment trials of medications including Medrol as well as HEP and physical therapy. The criteria noted above having been met, Lumbar spine caudal epidural steroid injection is medically necessary.