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| Case Number: | CM15-0061107 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 06/08/2000 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/31/2015 |

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 44 year old female, who sustained an industrial injury on June 8, 2000. Initial complaints and diagnoses are not available. The injured worker was diagnosed as having lumbar radiculopathy, reflex sympathetic dystrophy of the upper and lower extremities, lumbalgia, spinal stenosis, chronic pain syndrome, lumbar sprain/strain, complex regional pain syndrome of the upper and lower extremities, status post intrathecal pump implantation, and status post explantation of the intrathecal pump on November 20, 2014. Treatment to date has included an intrathecal pain pump, and medications including oral and intrathecal pain, topical pain, and muscle relaxant. On February 18, 2015, the injured worker complains of constant pain that internal derangement describes as sharp, dull, throbbing, aching, electricity, and pins and needles. Her pain is rated 9-10/10. The physical exam revealed decreased sensation on the right lower extremity lumbar 5 distribution, tenderness of the lumbar paraspinous area, decreased range of motion in all planes, a lumbar surgical scar, right lower extremity weakness, right lumbar radicular signs, a positive right straight leg raise, and edema of the lower extremity. The treatment plan includes lumbar epidural steroid injection at right lumbar 5 followed by physical therapy.

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 (lumbar) under fluoroscopy guidance:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Epidural steroid injections (ESIs).

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

Decision rationale: The requested Lumbar Epidural Steroid Injection, Right L5 (lumbar) under fluoroscopy guidance, is medically necessary. California's Division of Worker s Compensation Medical Treatment. Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The treating physician has documented decreased sensation on the right lower extremity lumbar 5 distribution, tenderness of the lumbar paraspinous area, decreased range of motion in all planes, a lumbar surgical scar, right lower extremity weakness, right lumbar radicular signs, a positive right straight leg raise, and edema of the lower extremity, as well as a previous Lumbar MRI was reported as showing significant evidence of radiculopathy. The treating physician has documented sufficient medical evidence of the medical necessity for a trial of an epidural injection. The criteria noted above having been met, Lumbar Epidural Steroid Injection, Right L5 (lumbar) under fluoroscopy guidance is medically necessary.