

Case Number:	CM15-0064378		
Date Assigned:	04/10/2015	Date of Injury:	12/05/2008
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

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 is a 48 year old male who sustained an industrial injury on December 5, 2008. He has reported pain to the low back and left leg and has been diagnosed with lumbar radiculopathy, brachial neuritis or radiculitis not otherwise specified, and chronic pain syndrome. Treatment has included medical imaging, surgery, injection, and medications. Currently the injured worker had tenderness to palpation of the cervical and lumbar spine with restricted range of motion. The treatment request included a lumbar epidural steroid injection under fluoroscopy at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural steroid injection (ESI) under fluoroscopy L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in December 2008 and continues to be treated for chronic low back and lower extremity pain. Treatments have included surgery with a post-operative MRI showing findings of an annular tear and disc protrusion at L5/S1. Physical examination findings include positive straight leg raising and decreased lower extremity sensation bilaterally. Criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, there are physical examination and imaging findings consistent with a diagnosis of radiculopathy. The criteria are met and the request was therefore medically necessary.