

Case Number:	CM15-0068323		
Date Assigned:	04/21/2015	Date of Injury:	05/09/2007
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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 54 year old female, who sustained an industrial injury on 5/9/07. The injured worker has complaints of lumbar radicular pain and cervical radicular pain. The diagnoses have included cervical strain, chronic and degenerative disc disease cervical spine. Treatment to date has included physical therapy; gapapentin; tramadol extended release; cervical spine and lumbar spine images; and intralaminar epidural steroid injection. The request was for intralaminar epidural steroid injection to lumbar spine at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intralaminar epidural steroid injection to lumbar spine at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

Decision rationale: The claimant sustained a work injury in May 2007 and continues to be treated for radiating neck and low back pain. When seen by the requesting provider, she had complaints including low back pain rated at 7-8/10 with symptoms radiating into the left greater than right lower extremity with numbness and tingling. Physical examination findings included decreased left lower extremity strength with positive left straight leg raising and an antalgic gait. An MRI of the lumbar spine on 04/29/14 including findings of a left lateralized L4-5 and L5-S1 disc herniations affecting the left L4, L5, and S1 nerve roots. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength with positive neural tension signs and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.