

Case Number:	CM15-0070773		
Date Assigned:	04/20/2015	Date of Injury:	12/02/2014
Decision Date:	05/20/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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 27-year-old male, who sustained an industrial injury on 12/2/2014. He reported injury from lifting and twisting. The injured worker was diagnosed as having bilateral plantar fasciitis, mild left radiculopathy and chronic myofascial pain syndrome. An electromyography (EMG) of the bilateral lower extremities was abnormal and a magnetic resonance imaging of the lower back showed a loss of disc height. Treatment to date has included acupuncture, chiropractic care and medication management. In a progress note dated 3/24/2015, the injured worker complains of constant upper and lower back pain and numbness in the right leg. The treating physician is requesting epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 epidural steroid injection at L4-L5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute & Chronic).

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 injury in December 2014 and continues to be treated for symptoms including low back pain with right lower extremity numbness. When seen, he had pain rated at 6-9/10 without medications and was having frequent right lower extremity pain and numbness. Physical examination findings included decreased right lower extremity sensation and strength. An MRI scan of the lumbar spine on 02/13/15 included findings of an L5- S1 disc protrusion. EMG/NCS testing on 03/24/15 included findings of a mild right L4/5 radiculopathy. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents positive decreased right lower extremity strength and sensation with EMG/NCS testing and imaging showing findings consistent with radiculopathy. Prior conservative treatments have included acupuncture, physical therapy, and medications. The criteria are met and the requested epidural steroid injection is therefore considered medically necessary.