MAXIMUS Federal Services

Case Number:	CM15-0090748		
Date Assigned:	05/15/2015	Date of Injury:	01/29/2014
Decision Date:	06/23/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 55 year old female, who sustained an industrial injury on 1/29/14. The diagnoses have included lumbar spondylosis and lumbar degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, diagnostics, physical therapy, epidural steroid injection (ESI), home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 4/13/15, the injured worker complains of low back pain and left hip pain. She reports that for the past two weeks she has had return of low back pain symptoms. It is noted that she previously responded to lumbar epidural steroid injection (ESI) given in 9/2014. She rates the pain 10/10 on pain scale without medications and 5-7/10 with medications. The physical exam reveals that she ambulates with a severe antalgic gait on the left; there is tenderness over the left greater trochanter as well as the lower lumbar spine. She is able to flex her back with the fingers going just past the knees with back pain and extends about 15 degrees with back pain. The hip range of motion is reduced producing hip and groin pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/26/14 reveals spondylosis and stenosis in the lower lumbar spine with root abutment at L4-S1. The current medications included Ibuprofen, Hydrocodone-Acetaminophen, Gabapentin, Norco, and Lunesta. The physician noted that the injured worker has recurrent low back pain in the setting of lumbar spondylosis and stenosis which has previously responded to lumbar epidural steroid injection (ESI) for 7 months. The physician requested treatment included Epidural Steroid Injection L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of severe lumbar radiculopathy when conservative treatments with medications and PT have failed. The records show that the patient had subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. There is documentation of sustained significant pain with functional restoration following prior lumbar epidural injection in 2014. The criteria for the lumbar epidural steroid injection at L5-S1 was met. The request is medically necessary.