

Case Number:	CM15-0096604		
Date Assigned:	05/26/2015	Date of Injury:	07/11/2014
Decision Date:	06/29/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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: Physical Medicine & Rehabilitation

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 28 year old male who sustained an industrial injury on 07/11/2014. Current diagnoses include lumbar disc disease and lumbar spine radiculopathy. Previous treatments included medication management, acupuncture, chiropractic treatment, aqua therapy, TENS unit, and home exercises. Previous diagnostic studies include a MRI of the lumbar spine dated 01/08/2015, and urine drug screen dated 04/16/2015. Report dated 04/16/2015 noted that the injured worker presented with complaints that included severe low back pain, which radiates down the left buttock. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased sensation in the left L5 dermatome, hypoactive left patellar tendon reflex and positive straight leg raising in the left, and decreased range of motion in the lumbar spine. The treatment plan included authorization request for lumbar epidural steroid injection, per the AME. Disputed treatments include L4-L5 lumbar steroid injection, epidurography, and monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 lumbar steroid injection, epidurography, and monitored anesthesia care:

Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MRI showed lumbar disc displacement with neural foraminal stenosis. The patient continues with radiation pain symptoms with evaluation, it showed decreased sensation and diminished reflexes consistent with imaging. AME has recommendation for trial of lumbar epidural injection for failed treatment of this chronic injury of July 2014. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) which has been adequately demonstrated and evident from the updated submitted reports. The patient has failed the conservative trial with attempt to avoid surgical intervention. The L4-L5 lumbar steroid injection, epidurography, and monitored anesthesia care is medically necessary and appropriate.