

Case Number:	CM15-0099768		
Date Assigned:	06/02/2015	Date of Injury:	06/25/2001
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female sustained an industrial injury to the low back on 6/25/01. Previous treatment included lumbar fusion, physical therapy, activity modification and medications. In the only documentation submitted for review, a PR-2 dated 4/1/15, the injured worker complained of continuing lumbar pain. The injured worker reported that her pain improved with medications by 75%, allowing her to do housework, sit in her car, stand for longer and perform some light exercise. Physical exam was remarkable for lumbar spine with spasm, positive Lasegue sign, numbness to the left leg S1 distribution, positive straight leg raise and 5/5 strength to bilateral lower extremities. The physician noted that imaging studies showed spinal stenosis. The injured worker had failed conservative treatment measures including oral medications, activity modification, physical therapy and prolonged rest. Current diagnoses included chronic low back pain, lumbar discogenic disease, bilateral hip pain, bilateral foot pain, status post multiple lumbar fusions, bilateral plantar fascial releases and tarsal tunnel releases. The injured worker received a Toradol injection during the office visit. The treatment plan included lumbar epidural steroid injection at L5-S and continuing medications (Percocet, Klonopin and Neurontin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection left sided L5-S1 x 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Patient reported that her medications alone improved her functionality by 75%; however, the primary treating physician has supplied evidence of radiculopathy as required by the MTUS. I am reversing the previous UR decision. Lumbar epidural steroid injection left sided L5-S1 x 1 is medically necessary.