

Case Number:	CM13-0023050		
Date Assigned:	02/10/2014	Date of Injury:	10/27/2009
Decision Date:	06/10/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/11/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old female who was injured on 11/27/2009. She is being treated for neck pain, low back pain, headache, and depression. The patient is status post cervical spine fusion in 2009. The MRI (magnetic resonance imaging) showed L5-S1 spondylolisthesis. An L5-S1 epidural steroid injection was done in March 2012 but there were no detail on post procedure evaluation for beneficial effects. The medications listed are Vicodin and Voltaren for pain, Soma for muscle spasm, and Lunesta for insomnia. A urine drug screen (UDS) done on 7/23/2013 was inconsistent with a negative titer for prescribed hydrocodone and Soma. ■■■■■ - a Neurologist noted a normal electromyography (EMG) and nerve conduction study (NCS) on 7/18/2012. The 1/14/2014 clinic note by ■■■■■ did not document subjective symptoms or objective signs of lumbar radiculopathy. A Utilization Review decision was rendered on 8/20/2013 recommending non certification of right L5-S1 epidural steroid injection. ❄❄

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION RIGHT L5-S1: Upheld

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

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

Decision rationale: The CA MTUS addressed the use of interventional pain procedures in the treatment of lumbar radicular pain. The indications for lumbar epidural steroid injections include: to decrease pain and pain medication use, increase range of motion/function, and avoid or delay surgery in patients that did not respond to conservative treatment with physical therapy, exercise and medications. The subjective and objective criteria establishing that the low back pain was caused by radiculopathy from lumbar spine disc pathology must be established. The record did not show any subjective complaints or objective signs of lumbar radiculopathy. The lumbar spine MRI (magnetic resonance imaging) did not show any nerve root compression that could contribute to radicular symptoms. The record did not have details on significant beneficial effects from a prior March 2012 lumbar epidural steroid injection. The criteria for the repeat lumbar epidural steroid injection were not met.