

Case Number:	CM14-0120838		
Date Assigned:	08/06/2014	Date of Injury:	07/21/2011
Decision Date:	12/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/31/2014

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 57 year old man who was injured on 7/21/2011. The diagnoses are lumbar radiculopathy, myofascial pain syndrome, bilateral knee, bilateral shoulders, low back and ankle pain. The past surgery history is significant for left shoulder and left knee surgeries. The MRI of the knee showed arthrosis and tendinosis. The patient completed PT, chiropractor, acupuncture treatments and modified activity. There was lumbar epidural injection 6/2/2014 that resulted in 50% reduction in pain. On 6/16/2014, [REDACTED] noted subjective complaint of low back pain radiating to the left buttock. There was objective finding of sacroiliac joint tenderness. There was no neurological finding. The pain score was noted to have decreased from 8/10 to 4/10 after the epidural injection. There was no medication listed. A Utilization Review determination was rendered on 7/7/2014 recommending non certification for Left L4-5, L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left L4-5, L5-S1 Transforaminal Epidural Steroid Injection w/ Fluoroscopic Guidance x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medication and PT have failed. The records did not show subjective, objective or radiological findings consistent with lumbar radiculopathy. There was no documentation of neurological deficit. The physical finding was limited to localized tenderness of the sacroiliac joint and paraspinal muscles. The pain relief after the 6/2/2014 had worn off by the clinic evaluation on 6/16/2014. The guidelines recommend that epidural injections can be repeated if there was greater than 70% pain relief lasting more than 3 months accompanied by increased physical function and reduction in medication utilization. The criteria for left L4-L5, L5-S1 transforaminal epidural steroid injection fluoroscopic guided was not met.