

Case Number:	CM14-0140134		
Date Assigned:	09/08/2014	Date of Injury:	08/16/2013
Decision Date:	11/04/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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 40 year old female who was injured on 8/16/2014. The diagnoses are low back pain, lumbar radiculopathy, chronic S1 radiculopathy and status post lumbar laminectomy. The past surgery history is significant for right L5-S1 decompression laminectomy in January 2014. The MRI of the lumbar spine showed residual disc bulging, epidural fibrosis and degenerative disc disease. On 7/30/2014, [REDACTED] noted subjective complaints of low back pain associated with decreased range of motion of the lower extremities. The deep tendon reflexes were decreased. The medications are hydrocodone, Tylenol and gabapentin for pain. The use of Relafen was associated with complaints of dizziness and tiredness. The patient completed PT and exercise. A Utilization Review determination was rendered on 8/18/2014 recommending non certification for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Steroid Injection L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized in the treatment of lumbar radiculopathy when conservative management and surgical options have failed. The records indicate that the patient completed PT and medications management. There are objective and radiological findings consistent with lumbar radiculopathy that did not resolve following the January 2014 lumbar decompression laminectomy. The criteria for the lumbar epidural steroid injection was met.