

Case Number:	CM14-0154572		
Date Assigned:	09/23/2014	Date of Injury:	03/03/2008
Decision Date:	10/23/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/16/2014

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 injured worker is a 50 year old female who was injured on 3/3/2008. The diagnoses are lumbar radiculopathy, status post lumbar laminectomies / fusion and low back pain. The past surgery history is significant for lumbar spine laminectomies and fusion. The 2009 magnetic resonance imaging (MRI) of the lumbar spine was significant for annular tears at L4-5, L5-S1, multilevel disc bulges, neural foraminal narrowing, facet arthropathy and contact with L5 nerve roots. The 7/10/ 2014 Computed Tomography (CT) of the lumbar spine showed intact interbody fusion at L5-S1, disc bulge at L4-L5 and significant rotation of the spinous process at L4-L5. ■■■■■ noted subjective complaints of low back pain radiating down the lower extremities. There were associated numbness and tingling sensations. There were objective findings of decreased range of motion of the lumbar spine and decreased sensation along the L4 dermatomes. The injured worker had completed medication management, physical therapy, chiropractic treatments and surgeries. The medications are tramadol and Voltaren for pain, Fexmid for muscle spasm and Cymbalta for neuropathic pain. A Utilization Review determination was rendered on 8/22/2014 recommending non certification for bilateral L4-5 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 @ Bilateral L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

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 treatments with medications and PT have failed. The records indicate that the injured worker have subjective, objective and radiological findings indicative of lumbar radiculopathy. The injured worker had exhausted all medications, physical therapy, chiropractic and surgical options for the treatment of severe lumbar radiculopathy. The Criteria for Bilateral L4-L5 Epidural Steroid Injection was met; therefore, the request is medically necessary.