

Case Number:	CM14-0180622		
Date Assigned:	11/03/2014	Date of Injury:	12/06/1999
Decision Date:	12/16/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/30/2014

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 49 year old female who was injured on 12/6/1999. The diagnoses are low back and knee pain. There are associated diagnoses of constipation, insomnia. A prior lumbar epidural steroid injection on 7/11/2014 resulted in 30-50% reduction in pain with improvement in function. On 10/1/2014, [REDACTED] noted subjective complaint of low back pain radiating to the right gluteal area and leg. The patient denied numbness or weakness of the lower extremities. The patient reported that the pain flared up after a recent job activity but it is now responding well to medication treatment. There were objective findings tenderness of the lumbar paraspinal muscles but normal sensory, motor, reflexes, range of motion tests and negative straight leg raising tests. The medications are Norco, Celebrex and Motrin for pain and Soma for muscle spasm. A Utilization Review determination was rendered on 10/24/2014 recommending non certification for 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:

L4-L5 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

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 lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and physical therapy have failed. The records did not show subjective, objective, radiological or EMG/NCS consistent with lumbar radiculopathy. The clinical examination did not show neurological deficits. The patient reported that the temporary exacerbation of low back pain was responding to medications management. The criteria for L4-5 epidural steroid injection was not met.