

Case Number:	CM14-0185103		
Date Assigned:	11/13/2014	Date of Injury:	02/24/2013
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 52 year old female who was injured on 2/24/2013. The diagnoses are lumbar radiculopathy and low back pain. The patient is also complaining of anxiety and depression. The MRI of the lumbar spine showed facet arthropathy, L5-S1 disc bulge with moderate bilateral foraminal narrowing with nerve impingement. The patient completed PT, trigger points injections and medications managements. On 9/30/2014, there is subjective complaint of low back radiating to the lower extremities associated with numbness and tingling sensation. There is tenderness over the lumbar spine and positive straight leg raising test on the right side. The motor strength, reflexes and sensory tests is noted as normal. The medications are naproxen for pain and Flexeril for muscle spasm. A Utilization Review determination was rendered on 10/7/2014 recommending non certification for Right L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Transforaminal Injection to The Right L5-S1 (In Office Procedure): Upheld

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

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 California Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) guidelines recommend that lumbar epidural steroid injection for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and PT. The records did not indicate objective findings of neurological deficits consistent with lumbar radiculopathy. The records did not show that conservative management with medications and PT. The criteria for right L5-S1 transforaminal epidural steroid injection was not met.