

Case Number:	CM14-0024372		
Date Assigned:	06/11/2014	Date of Injury:	01/05/1998
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 was injured on 1/5/1998. The diagnoses are lumbar radiculopathy and depression. A past lumbar epidural steroid injection in 2011 provided significant pain relief. An MRI of the lumbar spine was significant for degenerative disc disease and L4-L5 disc bulge. The current medications were listed as Naprosyn, Norco and Tramadol for pain and Sertraline for depression. The medications were noted to have reduced efficacy since the Zoloft was discontinued due to non-certification. On 2/20/2014, ██████ noted that the pain had increased to 6-9/10, the ADL and function was reduced because the medications were no longer helpful. The objective findings were reported as sensory deficits at L5 and S1 dermatomes, positive Straight Leg Raising test and decreased reflexes and range of motion. The patient was offered lumbar spine surgery by ██████ but decided to defer the surgery because only 50% success rate was promised. A Utilization Review determination was rendered on 2/19/2014 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 EPIDURAL STEROID INJECTION: Overturned

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) addressed the use of epidural steroid injections for the treatment of lumbar radiculopathy that is non-responsive to conservative management with medications and physical therapy / exercise. Epidural steroid injections can lead to reduction in pain, medication utilization and increase in ADL / function. The presence of radiculopathy was documented by subjective, objective and radiological findings as noted by [REDACTED]. It was noted that the patient is no longer experiencing adequate pain relief with current medications and physical treatments. The patient desires to delay or avoid lumbar spine surgery. The criteria for the lumbar epidural steroid injection was met.