

Case Number:	CM14-0061649		
Date Assigned:	07/09/2014	Date of Injury:	11/29/2012
Decision Date:	11/26/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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 61 year old male who was injured on 11/29/2012. The diagnoses are low back pain and lumbar radiculopathy. There are associated diagnoses of intercostal neuralgia, anxiety and depression. According to the summary from the Utilization Review report, there is subjective complaint of low back pain radiating to bilateral lower extremities. There are associated numbness, muscle spasm and tenderness of the lumbar paraspinal muscles. The pain score was 6/10 with medications and 9/10 without medications on a scale of 0 to 10. There is decreased sensation along the bilateral L5-S1 dermatomes. The medications listed are Neurontin, Klonopin and Prozac. The records from [REDACTED] consist of only the subjective complaints as noted above. There were no detailed objective findings, radiological reports or EMG/NCV report provided. A Utilization Review determination was rendered on 4/21/2014 recommending non-certification for bilateral L4-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:

Bilateral Transforaminal Epidural Steroid Injection L4-S1: Upheld

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 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 injections can be utilized in the treatment of lumbar radiculopathy when conservative treatment with medications and physical therapy has failed. The records indicate that the patient have some subjective and objective findings consistent with lumbar radiculopathy. There was no radiological or EMG / NCV confirmatory studies for the diagnosis of lumbar radiculopathy. The guidelines recommend that radiological studies be used for confirmation and to determine the levels for the epidural steroid injections to improve efficacy. The criteria for bilateral transforaminal L4-S1 epidural steroid injection were not met and therefore, the request for bilateral Transforaminal Epidural Steroid Injection L4-S1 is not medically necessary and appropriate.