

Case Number:	CM14-0077016		
Date Assigned:	07/18/2014	Date of Injury:	04/02/2012
Decision Date:	09/30/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 Florida and Texas. 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 46 year old male who was injured on 4/2/2012. The diagnoses are lumbar stenosis, lumbar radiculopathy and neuropathy. In 2013, an EMG showed L5-S1 sensory loss but negative radiculopathy. A 2013 MRI showed L4-L5, L5-S1 disc bulges, severe spinal stenosis, facet arthropathy, bilateral neural foraminal involvement with impingement along left L5, S1 nerve roots. On 12/10/2013, [REDACTED] recommended lumbar spine surgery. On 3/18/2014, there was subjective complaint of low back pain radiating to the lower extremities with associated numbness and tingling sensation. The straight leg raising test and the motor was negative. On 5/9/2014, [REDACTED] noted decreased sensation along L4, L5 dermatomes. The patient completed acupuncture, PT and NSAIDs treatment. A Utilization Review determination was rendered on 5/20/2014 recommending non certification for L4-L5 lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection to L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation (ODG) Pain Chapter. Low Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections could be utilized in the treatment of lumbar radiculopathy pain that did not respond to conservative management. The records show that the patient has subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient has completed conservative management including PT, acupuncture and medications management. The epidural steroid injection is intended to provide pain relief to enable the patient delay or avoid surgery. The criterion for L4-L5 lumbar epidural steroid injection is met; Therefore, Lumbar spine epidural steroid injection to L5-S1 is medically necessary.