

Case Number:	CM14-0171447		
Date Assigned:	10/23/2014	Date of Injury:	12/05/1996
Decision Date:	05/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 61 year old male, who sustained an industrial injury on 12/05/1996. He has reported subsequent back, neck and foot pain and was diagnosed with lumbago with bilateral radiculopathy, failed back surgery syndrome, cervicgia and right foot fracture. There are associated diagnoses of reactional depression and anxiety. Treatment to date has included oral pain medications, spinal cord stimulator implantation and lumbar epidural steroid injections. The last epidural steroid injection was noted to provide 70-75% sustained pain relief with improvement in physical function. In a progress note dated 09/19/2014, the injured worker complained of significant low back pain with radiation to the lower extremities. Objective findings were notable for muscle spasms in the lumbar area, decreased range of motion with pain and a stiff and shuffling gait. There was positive straight leg raising tests and tenderness to palpation of the lumbar paraspinal muscles. The physician noted that a request for authorization of a repeat lumbar epidural steroid injection at L4-L5 was made due to radicular pain with evidence of sensory deficits and motor weakness in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Repeat Lumbar Epidural Steroid Injection at levels L4-5, as an Outpatient (Unspecified use of fluoroscopy): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <http://www.acoempracguides.org/> Low Back; Table 2 Summary of Recommendations, Low Back Disorders; regarding Epidural steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the OD guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and physical treatments have failed. The records indicate subjective, objective and radiological findings consistent with a diagnosis of lumbar radiculopathy. The patient was noted to have failed conservative treatments with medications and therapy. There is documentation of significant pain relief and functional improvement following a prior lumbar epidural steroid injection. The criteria for repeat L4-5 lumbar epidural steroid injection as an outpatient was met. The request is medically necessary.