

Case Number:	CM14-0187652		
Date Assigned:	11/17/2014	Date of Injury:	10/17/1995
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 57 year old male who was injured on 10/17/1995. The diagnoses are lumbago, status post lumbar laminectomy fusion and low back pain. The past surgery history is significant for L4-L5 laminectomy fusion in 2013. The MRI of the lumbar spine showed multilevel degenerative disc disease and L4-5 fusion. The EMG/NCV showed L4, L5 radiculopathy. On 10/21/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. The pain score is rated at 6-7/10 on a scale of 0 to 10. There is associated numbness, tingling and weakness of the left lower extremity. There was objective finding of positive straight leg raising and tenderness over the lumbar spine. The medications are Norco and Gabapentin for pain. The patient reported that medications enabled him to increase ADL and do recreational activities. A Utilization Review determination was rendered on 10/31/2014 recommending non certification for L3-L4, L5-S1 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection L3-L4, L5-S1: Upheld

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

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 epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and physical therapy have failed. The records indicate that the patient reported significant pain relief and functional improvement with utilization of the current medication regimen. The patient is able to go fishing. There is no clinical basis for arbitrary doing epidural below and above the level of spinal fusion. The EMG/NCV showed L4, L5 radiculopathy. The record did indicate that the patient wanted to continue medication management not interventional pain procedure. The criterion for L3-4, L5-S1 transforaminal epidural steroid injection was not met and the request is considered not medically necessary.