

Case Number:	CM14-0196925		
Date Assigned:	12/04/2014	Date of Injury:	01/31/2014
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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 62 year old female who was injured on 1/31/2014. The diagnoses are lumbar radiculopathy, lumbar disc disease, headache and low back. The lumbar spine MRI showed multilevel disc protrusions with contact on right L4 nerve root. The patient completed chiropractor, massage and physical therapy treatments. On 10/8/2014, [REDACTED] noted subjective complaint of low back pain radiating down the low extremities. There is associated numbness, tingling sensations and weakness of the right lower extremity. The pain score was rated at 7/10 on a scale of 0 to 10. There are objective findings of limited range of motion of the lumbar spine, decreased sensation over the right foot dermatomes, positive straight leg raising test and tenderness over the lumbar paraspinal areas. The medications listed are Gabapentin and Ibuprofen. It was noted that spine surgery is being considered if interventional pain injections did not relieve the back pain. The patient reported significant back pain relief but 25% reduction of leg pain following the first epidural injection. A Utilization Review determination was rendered on 10/31/2014 recommending non certification for L4-L5 translaminal lumbar epidural steroid injection #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar translaminal epidural steroid injection to L4-5: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Upper Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and physical therapy. It is recommended that the epidural can be repeated for additive effects after significant response following the first epidural injection. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient reported significant pain relief to the back pain following the first epidural steroid injection. The response of the leg pain was less than on the back which can occur following epidural injections. The patient is considering spine surgery as the next line of treatment. The criteria for L4-L5 lumbar epidural steroid injection #2 were met. Therefore, this request is medically necessary.