

Case Number:	CM14-0198923		
Date Assigned:	12/09/2014	Date of Injury:	01/01/2002
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/26/2014

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 63 year old who was injured on 1/1/2002. The diagnoses are headache, cervical radiculopathy, status post cervical fusion, lumbar radiculopathy, lumbar disc disease and low back pain. There are associated diagnoses of anxiety, depression and insomnia. The 2014 MRI of the lumbar spine showed multilevel disc bulges, facet degeneration, neural foraminal stenosis and canal stenosis. The EMG/NCV showed bilateral S1 radiculopathy. On 10/24/2014, [REDACTED] PA-C / [REDACTED] noted subjective complaint of neck and low back pain radiating to bilateral upper and lower extremities respectively. There are associated numbness and tingling sensations. The pain score was rated at 10/10 without medications and 7/10 with medications. There were objective findings of tender paraspinal muscle in the cervical and lumbar areas and decreased range of motion. The straight leg raising test was positive. The sensation was decreased at bilateral L4 to S1 dermatomes. The lumbar epidural injection done in 2011 resulted in 50-80% reduction in pain with increased function and deduction in medication utilization for 3 months. The medications listed are Lyrica, Percocet, Tizanidine, Duloxetine, pantoprazole and Klonopin. A Utilization Review determination was rendered on 11/12/2014 recommending non certification for Bilateral L4-S1 transforaminal epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 transforaminal epidural steroid injection under fluoroscopy: Overturned

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

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.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective, radiological and EMG/NCV findings consistent with lumbar radiculopathy. There is a history of significant response following a previous epidural steroid injection. The patient had completed conservative management with medications and PT. The criteria for fluoroscopic guided bilateral L4-S1 transforaminal epidural steroid injections was met.