

Case Number:	CM14-0201619		
Date Assigned:	12/12/2014	Date of Injury:	07/25/2013
Decision Date:	02/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

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 & 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 37 year old male who was injured on 7/25/2013. The diagnoses are lumbar radiculopathy, headache and low back pain. There are associated diagnoses of stress, depression and anxiety. The 2014 MRI of the lumbar spine showed multilevel disc bulges with contact to right L4 and bilateral S1 nerve roots. The patient completed PT, medications management and epidural steroid injections. A second lumbar epidural injection done on 8/25/2014 was noted to have resisted in non-quantified decrease in pain and increase in physical function for 3-4 days. On 12/16/2014, [REDACTED] noted subjective complaint of low back pain radiating to the left lower extremity associated with numbness and tingling sensations. There were objective findings of lumbar paraspinal muscle spasm, tenderness to palpation of the spines, positive straight leg raising test and decreased sensation over the left L5 / L1 dermatomes. On 7/28/2014, [REDACTED] noted that the 6/3/2014 first Lumbar Epidural Injection did not result on any significant pain relief. The patient was noted to be not compliant with his psychiatric medication Zoloft. The medications listed are Gabapentin and NSAIDs. A Utilization Review determination was rendered on 11/25/2014 recommending non-certification for third Lumbar Epidural Steroid Injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third Lumbar Epidural Steroid Injection at the L5-S1 level: 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 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 that did not respond to conservative treatments with medications and PT. It is recommended that the epidural injections can be repeated if there is documentation of significant pain relief lasting more than 8 weeks with increase in physical function and decreased medication utilization. The records indicate that the patient did not report any beneficial effect following the first epidural injection. There is no qualitative or quantitative measurement of the effect of the second epidural injection. There is documentation of significant uncontrolled psychosomatic symptoms that is associated with decreased beneficial effects of interventional pain procedures. The criteria for third Epidural Steroid Injection at L5-S1 are not met.