

Case Number:	CM14-0208204		
Date Assigned:	12/19/2014	Date of Injury:	10/10/2013
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 patient is 32 a year old female who was injured on 10/10/2013. The diagnoses are lumbar spondylosis, lumbar disc degeneration, degenerative disc disease and low back pain. The 2014 MRI of the lumbar spine showed multilevel disc bulge, facet arthropathy, central canal stenosis and contact to bilateral S1 nerve roots. The patient completed medications management, PT and epidural injections. The 8/27/2014 lumbar epidural injection was noted to produce 25% pain relief. On 10/1/2014, there was subjective complaint of low back pain associated with weakness of left leg. There were complaints of fatigue, dizziness, headache, The pain score was rated at 5/10 on a scale of 0 to 10. The patient was noted to feel depressed and anxious. There was tenderness over the lumbar spine. The gait, muscle tone and neurology tests was noted to be normal. The medications listed are ibuprofen and Tramadol. A Utilization Review determination was rendered on 11/12/2014 recommending non certification for bilateral L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L5-S1 transforaminal epidural steroid injection: Upheld

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radicular pain when conservative treatments with medications and PT have failed. The guidelines recommend that epidural injections can be repeated if there is documentation of sustained significant pain relief, functional restoration and reduction in medications utilization following the previous epidural injection. The records indicate a 25% reduction in pain following the previous epidural injection. The guidelines classified a significant effect as greater than 60%. There was no documentation of subjective and objective findings supporting the diagnoses of lumbar radiculopathy. The patient reported significant uncontrolled psychosomatic symptoms that are associated with decreased efficacy of interventional pain procedures. The guidelines recommend the utilization of co-analgesics such as anticonvulsants and antidepressants in patients with psychosomatic disorders associated with chronic pain syndrome. The criteria for the use of bilateral L5-S1 transforaminal epidural injections was not met.