

Case Number:	CM14-0043698		
Date Assigned:	07/02/2014	Date of Injury:	05/19/2002
Decision Date:	03/30/2015	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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 injured worker is a 67 year old male, who sustained an industrial injury on May 19, 2002. The mechanism of injury is unknown. The diagnoses have included cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. Treatment to date has included physical therapy, chiropractic treatment, medication and home exercises. Currently, the injured worker complains of pain in the neck rated as an 8 on a 1-10 pain scale. He also complains of pain in the back rated as a 7-8 on the pain scale. He reported that it hurts to turn his neck to the left and to sit for longer periods of time. Bending his back causes dizziness and nausea. Lumbar spine range of motion was right lateral bending 15 degrees, left lateral bending 18 degrees, flexion 56 degrees and extension 10 degrees. There was palpable tender muscle spasm in the lumbar paraspinal area with decreased sensation in the lower extremities dermatomes. The 2013 MRI of the lumbar spine showed multilevel disc bulge with compression of L5 and S1 nerve roots. On April 5, 2014, Utilization Review non-certified bilateral L5-S1 and bilateral S1 transforaminal epidural steroid injections, noting the ACOEM Guidelines. On April 10, 2014, the injured worker submitted an application for Independent Medical Review for review of bilateral L5-S1 and bilateral 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:

1 Bilateral L5-S1 Transforaminal Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines. Low and Upper Back chapter. Epidural Injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnoses of lumbar radiculopathy. The patient completed conservative treatments with medications and PT but the pain scores remained high. The criteria for the bilateral L5-S1 transforaminal epidural steroid injections was met.

1 Bilateral S1 Transforaminal Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines. Low and Upper Back Pain. Epidural Injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnoses of lumbar radiculopathy. The patient completed conservative treatments with medications and PT but the pain scores remained high. The criteria for the bilateral S1 transforaminal epidural steroid injections was met.