

Case Number:	CM14-0112155		
Date Assigned:	09/22/2014	Date of Injury:	01/15/1996
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/18/2014

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 74 year old male who was injured on 1/15/1996. The diagnoses are low back pain and lumbar radiculopathy. The radiological tests of the lumbar spine were significant for disc herniation and spinal stenosis. It was noted that the patient noted significant pain relief after epidural steroid injection. On 6/12/2014, the medical provider noted complaints of low back pain associated with left leg weakness. The patient is awaiting an evaluation for lumbar spine surgery. On 8/8/2014, [REDACTED] noted that the weakness of the left leg was getting worse. There were objective findings of positive straight leg raising sign and dermatomal sensory loss of the left lower extremity. The patient wanted to proceed with a repeat epidural steroid injection to delay or avoid lumbar spine surgery. The medications were not listed in the records. A Utilization Review determination was rendered on 6/30/2014 recommending non certification for repeat left L4, L5 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 Repeat Left L4, L5 Lumbar Transforaminal Epidural Steroid Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back Pain

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments have failed. The records indicate that the patient has subjective, objective and radiological findings indicative of lumbar radiculopathy. The patient reported 50-70% pain relief and functional improvement following a prior lumbar epidural injection. It is intended that lumbar spine surgery can be avoided or delayed if the repeat epidural steroid injections are effective. The criteria for left L4, L5 transforaminal epidural steroid injections were met and the request is medically necessary.