

Case Number:	CM14-0125783		
Date Assigned:	09/16/2014	Date of Injury:	10/20/2004
Decision Date:	10/20/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/08/2014

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 73 year old female who was injured on 10/20/2004. The diagnoses are lumbar radiculopathy and low back pain. The 2013 MRI of the lumbar spine showed mild levoscoliosis, spondylosis and mild retrolisthesis of L5 on S1. The patient underwent a left L3-4 and L4-5 epidural injection on 9/27/2013. There was more than 50% reduction in pain with reduction in medications utilization and improved sleep. There was a right L3-4, L4-5 transforaminal epidural steroid injection on 7/18/2014. On 7/18/2014, [REDACTED] noted subjective complaints of low back pain. There is tenderness over the lumbar spine, positive straight leg raising test and decreased sensation in the lower extremity dermatomes. The medications are Norco and Celebrex for pain. A Utilization Review determination was rendered on 8/7/2014 recommending non certification for fluoroscopic guided left L3-L4, 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:

Transforaminal epidural steroid injection with fluoroscopic guidance at Left L3/4, L4/5:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

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 Back pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be beneficial in the treatment of lumbar radiculopathy after conservative treatments have failed. The records indicate that the patient have subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient reported significant reduction in pain, decrease in medications utilization and improvement in physical function following prior lumbar epidural steroid injections in 2013. The right sided procedures was performed on 7/18/2014. The request is for the left sided procedures. The criteria for left L3-4, L4-L5 transforaminal epidural steroid injections was met.