

Case Number:	CM14-0149130		
Date Assigned:	09/18/2014	Date of Injury:	04/27/2001
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 Management 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 48 year old male who was injured on 4/27/2001. The diagnoses are lumbago, lumbar radiculopathy and low back pain. On 8/26/2014, [REDACTED] noted subjective complaints of low back pain occasionally associated with numbness of the left lower extremity. There were objective findings of tenderness and muscle spasm over the lumbar spine. The straight leg raising sign was negative, reflexes and muscle power normal but sensation was decreased over the left thigh. The patient was noted to have had pain relief from epidural injections in the past but no details on dates or percentage decrease in pain or improvement in function was documented. The patient completed PT and acupuncture. The MRI was significant for L5-S1 disc bulge with minor degenerative disc disease at L4-5 and L5-S1 levels. The medications are Kadian and Vicoprofen for pain and Xanax for anxiety. A Utilization Review determination was rendered on 9/2/2014 recommending non-certification for left L5-S1 lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Steroid Injection to the left side at the L5-S1 level: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend Epidural Steroid Injections for the treatment of lumbar radiculopathy that did not respond to conservative management and medications. The records did not show subjective or objective findings that are consistent with lumbar radiculopathy. The MRI findings were not consistent with nerve root compression consistent with lumbar radiculopathy. There was no documentation of established neurological deficits. There were no details on the functional improvement following previous Epidural Steroid Injections. It was indicated that the patient reported effective pain relief and was able to maintain a job schedule with the utilization of the pain medications. The criteria for the left L5-S1 Epidural Steroid Injection is not medically necessary.