

Case Number:	CM14-0162728		
Date Assigned:	10/07/2014	Date of Injury:	12/17/2013
Decision Date:	11/12/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 47 year old female who was injured on 12/17/2013. The diagnoses are low back pain and lumbar radiculopathy. There is an associated diagnosis of anxiety disorder. A 2014 MRI of the lumbar spine showed multilevel disc bulges, effacement of the theca sac and compression of nerve roots. The patient have completed PT, chiropractic treatments and medications management. On 7/31/2014, [REDACTED] noted subjective complaints of low back pain associated with numbness and burning sensation. There is significant decrease in physical function and activity due to the back pain. The patient is currently doing home exercise and yoga stretches. The medication is listed as Cymbalta for anxiety and pain. A Utilization Review determination was rendered on 9/4/2014 recommending non certification for fluoroscopic transforaminal lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Lumbar Epidural Steroid Injection at the Levels of L4-L5, under Fluoroscopic Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (ODG) Pain Chapter Low Back.

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 have subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient completed all conservative treatment modalities including PT and medications management. Therefore the criteria for fluoroscopic guided L4-L5 transforaminal epidural steroid injections were met.