

Case Number:	CM14-0181972		
Date Assigned:	11/06/2014	Date of Injury:	11/21/2012
Decision Date:	12/16/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 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 54 year old male who was injured on 11/21/2012. The diagnoses are lumbar radiculopathy, neck, right shoulder, right knee and low back pain. The MRI of the lumbar spine showed L5-S1 disc bulge with S2 root impingement. On 10/10/2014, provider noted objective findings of tenderness over the lumbar paraspinal muscles and decreased range of motion. The motor strength, sensory and reflexes was reported as normal. It was noted that the effects of the previous lumbar epidural injection had worn off. On 9/12/2014, the patient reported a 60-70% reduction of low back pain but there was no reduction of medications utilization or functional improvement following the epidural injection done on 9/4/2014. The patient is awaiting approval for left total knee surgery. The medications are Tramadol, naproxen and Voltaren gel for pain and Flexeril for muscle spasm. A Utilization Review determination was rendered on 10/29/2014 recommending non certification for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

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 conservative treatments with medications and PT have failed. The records did not show subjective and objective findings consistent with lumbar radiculopathy. The reflexes, motor, sensory, and provocative tests were reported as normal. The guidelines recommend a repeat of lumbar epidural steroid injection if there was significant reduction in pain with reduction in medications utilization and improvement in physical function for at least 3 to 6 months following a prior epidural injection. The records did not show any significant sustained beneficial effect following the first epidural injection. The criteria for lumbar epidural steroid injection are not met.