

Case Number:	CM14-0182888		
Date Assigned:	11/07/2014	Date of Injury:	06/15/2014
Decision Date:	12/26/2014	UR Denial Date:	10/24/2014
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 & 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 39 year old female who was injured on 6/15/2014. The diagnoses are right elbow, hand and low back pain. The MRI of the lumbar spine showed multilevel facet hypertrophy, spondylosis and disc bulges with contact at right S1 nerve root. On 10/14/2014, [REDACTED] / [REDACTED] noted subjective complaint of low back pain radiating to the lower extremity associated with numbness and tingling sensations. There were objective findings of decreased range of motion of the lumbar spine, positive straight leg raising test and decreased sensation along the lower extremity dermatomes. The medication is listed as Tramadol and Celebrex for pain. A Utilization Review determination was rendered on 10/24/2014 recommending non certification for diagnostic phase lumbar epidural 1-2 injections at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Phase Lumbar Epidurals - 1-2 Injections at L5-S1: 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

Decision rationale: The CA MTUS and the ODG guideline recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy pain that did not respond to conservative treatment with medications and PT. The records indicate that the patient have subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient completed conservative treatment with medications and PT. The criteria for diagnostic phase lumbar epidural 1-2 injections at L5-S1 were met. Therefore the request is medically necessary.