

Case Number:	CM14-0099288		
Date Assigned:	09/16/2014	Date of Injury:	07/30/1981
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 California. 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:

According to the records made available for review, this is a 59-year-old female with a 7/30/81 date of injury, and status post lumbar laminectomy and fusion at L5-S1 in 1985. At the time (5/13/14) of request for authorization for One (1) transforaminal epidural steroid injection at the left L3/L4, there is documentation of subjective (presents after lumbar epidural injection left L3, L4 with no change in symptoms, low back pain occurring in a persistent pattern, course has been constant) and objective (no pertinent findings) findings, current diagnoses (lumbar radiculopathy due to degenerative joint disease), and treatment to date (prior L3, L4 epidural steroid injection on 3/12/14, activity modifications, acupuncture, home exercise program, and medications (Including ongoing treatment with Vicodin and Valium)). Medical report indicates first epidural steroid injection was successful in reducing the pain however pain still remains. There is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) transforaminal epidural steroid injection at the left L3/L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: According to the records made available for review, this is a 59-year-old female with a 7/30/81 date of injury, and status post lumbar laminectomy and fusion at L5-S1 in 1985. At the time (5/13/14) of request for authorization for One (1) transforaminal epidural steroid injection at the left L3/L4, there is documentation of subjective (presents after lumbar epidural injection left L3, L4 with no change in symptoms, low back pain occurring in a persistent pattern, course has been constant) and objective (no pertinent findings) findings, current diagnoses (lumbar radiculopathy due to degenerative joint disease), and treatment to date (prior L3, L4 epidural steroid injection on 3/12/14, activity modifications, acupuncture, home exercise program, and medications (Including ongoing treatment with Vicodin and Valium)). Medical report indicates first epidural steroid injection was successful in reducing the pain however pain still remains. There is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response.