

Case Number:	CM14-0119303		
Date Assigned:	08/06/2014	Date of Injury:	07/24/2013
Decision Date:	05/01/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 38-year-old female, who sustained an industrial injury on 7/24/2013. She reported a ladder falling, striking her on the back. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, status post right lumbar 5-sacral 1 microdiscectomy and lumbar hemi laminectomy, foraminotomy and medial facetectomy on 10/3/2014, lumbar radiculopathy, lumbar sprain and sciatica. Treatment to date has included physical therapy, aquatic therapy, medications management, lumbar epidural and facet injections. The 2014 EMG showed bilateral L5 radiculopathy. Currently, a progress note from the treating provider dated 2/17/2015 indicates the injured worker reported lumbar spine pain, radiating to the left leg with muscle spasms. There was associated sleep disturbance, anxiety and reduction in ADL. The IW denied tingling and numbness. She was noted to be distressed and crying during physical examination. A Utilization Review determination was rendered recommending non-certification for 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:

Lumbar Epidural Steroid Injection L5-S1: Upheld

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

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 and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient did not have sustained pain relief following previous epidural injections in 2014. The presence of co-existing psychosomatic symptoms is associated with decreased efficacy of interventional pain and surgery procedures. There is no documentation of failure of treatment with co-analgesics such as anticonvulsant and antidepressant medications. The criteria for lumbar L5-S1 epidural steroid injection was not met. The request is not medically necessary.