

Case Number:	CM14-0179836		
Date Assigned:	11/04/2014	Date of Injury:	02/11/2014
Decision Date:	01/07/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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 24 year old female who was injured on 2/12/2014. The diagnoses are low back pain and lumbar radiculopathy. The patient completed PT and medications treatment. The 10/6/2014 MRI of the lumbar spine showed degenerative disc disease, L5-S1 disc bulge with retrolisthesis and contact with S1 nerve root. There was subjective complaint of low back pain radiating to the left leg associated with paresthesia. There was tenderness of the lumbar paraspinal areas. [REDACTED] indicated that the patient was breastfeeding and had not obtained clearance from the pediatrician for the epidural steroid procedure. There was no documentation of objective findings of neuromuscular deficit in the lower extremities. The current medication is listed as OTC Tylenol. A Utilization Review determination was rendered on 10/14/2014 left S1 transforaminal epidural steroid injection, right S1 transforaminal epidural steroid injection and left L5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 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 conclusive subjective and objective findings consistent with lumbar radiculopathy. The patient is currently utilizing OTC Tylenol and had not failed prescription medications management. It was indicated that the patient was awaiting clearance from the pediatrician because she is breastfeeding. The criteria for left S1 transforaminal epidural steroid injections were not met, therefore not medically necessary.

Right S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 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 conclusive subjective and objective findings consistent with lumbar radiculopathy. The patient is currently utilizing OTC Tylenol and had not failed prescription medications management. It was indicated that the patient was awaiting clearance from the pediatrician because she is breastfeeding. The criteria for right S1 transforaminal epidural steroid injections were not met, therefore not medically necessary.

Left L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 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 conclusive subjective and objective findings consistent with lumbar radiculopathy. The patient is currently utilizing OTC Tylenol and had not failed prescription medications management. It was indicated that the patient was awaiting clearance from the pediatrician because she is breastfeeding. The criteria for

left L5 transforaminal epidural steroid injections were not met, therefore not medically necessary.