

Case Number:	CM14-0212376		
Date Assigned:	01/02/2015	Date of Injury:	03/02/2014
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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 patient is a 44 year old female who was injured on 3/2/2014. The diagnoses are lumbar disc disease, lumbar radiculopathy, and low back pain. On 12/9/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. The patient reported significant pain relief with utilization of pain medications. The 2014 X-ray of the lumbar spine was reported to be within normal limits. The 2014 MRI of the lumbar spine was noted to show mild central L4-L5 disc bulge with mild facet degeneration. There were objective findings of tenderness to palpation of the lumbar paraspinal muscles and trigger points. There was no neurological deficit. The straight leg raising test was negative. The medications listed are Relafen, Mobic, Ultram, Neurontin, Zanaflex and prednisone. A Utilization Review determination was rendered on 12/3/2014 recommending non certification for L4-L5 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 L4-L5: Upheld

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

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 and Upper Back, Epidural Injections

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that lumbar epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatments with NSAIDs and physical therapy have failed. The records did not show that the patient had objective and radiological finding consistent with the diagnosis of lumbar radiculopathy. There is no documentation of objective findings of neurological deficits. The patient reported significant pain relief with utilization of pain medications. The criteria for L4-L5 epidural steroid injection were not met. Therefore, this request is not medically necessary.