

Case Number:	CM14-0214150		
Date Assigned:	01/07/2015	Date of Injury:	07/29/2010
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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 68 year old male who was injured on 7/29/2010. The diagnoses are lumbar post laminectomy syndrome, lumbar degenerative disc disease. The 2014 MRI of the lumbar spine was reported to show L3-L4 laminectomy, dural compression, bilateral recess narrowing contacting L4 nerve roots and dural compression at L4-L5. The most recent available reported dated 11/19/2014 showed subjective complaint of low back pain radiating to the lower extremities. The pain score was rated at 5/10 on a scale of 0 to 10. There was decreased range of motion and tenderness to palpation of the lumbar spine. There was no focal motor or sensory deficit noted. The medications listed are Nucynta, Motrin and Tylenol. The records show that [REDACTED] was requesting for lumbar transforaminal epidural injections as well as lumbar facet block injections. A Utilization Review determination was rendered on 12/9/2014 recommending non certification for bilateral L4-L5 selective transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 selective transforaminal epidural steroid injection: Upheld

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The available records did not show objective findings consistent with lumbar radiculopathy with neurological deficits. There was no documentation of sensory deficits or positive provocative tests. The patient was also being evaluated for lumbar facet injections indicating that the low back pain was not solely due to discogenic radiculopathy. There is no detailed documentation of failed conservative management. The criteria for bilateral L4-L5 selective transforaminal epidural steroid injections was not met.