

Case Number:	CM14-0214624		
Date Assigned:	01/07/2015	Date of Injury:	05/29/2013
Decision Date:	03/25/2015	UR Denial Date:	11/19/2014
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 injured worker is a 30 year old female, who sustained an industrial injury on 5/29/13. She has reported low back. The diagnoses have included chronic low back pain, lumbar spondylosis and lumbar radiculopathy. Treatment to date has included physical therapy, epidural steroid injections and oral medications. (MRI) magnetic resonance imaging of lumbar spine dated 7/30/13 revealed annular fissure at L4-5, disc desiccation at L4-5 and L5-S1, modic type II endplate degenerative changes involving the inferior endplate and diffuse disc herniation at L4-5 and L5-S1. Currently, the injured worker complains of neck, back and leg pain. The progress note dated 12/19/ 14 noted minimal relief of pain with physical therapy and no relief of low back pain with 60% improvement in left leg pain following the epidural injection. The back pain was rated at 8/10 while the leg pain was rated at 4/10. Lumbar spine exam revealed moderate pain with flexion and extension, severe pain with lumbar facet loading in lower lumbar levels and diffuse tenderness palpation of the lumbar spine and paraspinal musculature. There was complaints of protracted post procedure severe headache and neck pain following the 11/21/2014 lumbar epidural steroid injections. The medications listed are Relafen, ibuprofen and Cyclobenzaprine. On 11/19/14 Utilization Review non-certified a request for an epidural injection, noting the lack of medical necessity. The MTUS, ACOEM Guidelines, was cited. On 12/19/14, the injured worker submitted an application for IMR for review of epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Pain Chapter. Low and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatments with medications and PT. The guidelines recommend that the lumbar epidural injection can be repeated if there is documentation of significant pain relief with functional restoration and decrease in medications utilization following the first lumbar epidural injection. The records indicate that the patient did not report significant pain relief or functional improvement following the first lumbar epidural injection. There was documentation of significant post procedure headache and neck pain that required medication management. The criteria for the lumbar epidural steroid injection was not met.