

Case Number:	CM14-0055161		
Date Assigned:	07/07/2014	Date of Injury:	08/21/2009
Decision Date:	07/02/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/24/2014

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 50 year old female, who sustained an industrial injury on 08/21/2009. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease and cervicalgia. Treatments to date has included lumbar epidural steroid injection which reduced her pain by over 60% and medications. In a progress note dated 04/01/2014, the injured worker presented with complaints of lower back and right leg pain. Objective findings include positive straight leg raise test (right), lumbar pain, antalgic gait, use of case and pain noted with range of motion. No recent progress notes was provided. According to the application, the treating physician reported requesting authorization for lumbar epidural steroid injection. The medications listed are Nuerontin, Sonata, Norco, Robaxin, Percocet and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Epidural Steroid Injection at L3-4, L4-5, and L5-S1 under fluoroscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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 and Upper Back.

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. There was no recent documentation of subjective, objective or radiological findings of worsening lumbar radiculopathy. There is no documentation of recent completion of conservative treatments such as PT. The criteria for the right transforaminal L3-L4, L4-L5 and L5-S1 lumbar epidural steroid injection under fluoroscopy and anesthesia was not met. Therefore the request is not medically necessary.