

Case Number:	CM15-0012919		
Date Assigned:	01/30/2015	Date of Injury:	04/09/2014
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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 44 year old female who sustained a work related injury on April 9, 2014, incurring a back injury. Diagnoses include lumbar disc syndrome, right sacral radiculopathy, bilateral knee sprain and insomnia. The MRI of the lumbar spine dated 6/5/2014 showed L5-S1 disc bulge. Treatment included pain medications, topical creams and anti-inflammatory medications and a neurological consultation. Currently, the injured worker complained of ongoing low back pain and radiation of pain into the feet and has difficulties performing activities of daily living. There was associated numbness and tingling sensations as well as objective findings of tenderness to palpation over the lumbar spine. The medications listed are Tramadol, Omeprazole and Cyclobenzaprine. On December 30, 2014, a request for services of three epidural steroid injections as an outpatient in the low back were non-certified by Utilization Review, noting the ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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
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 records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. The patient had completed and failed conservative treatments with medications and PT. Although the criteria for a lumbar epidural steroid injection was met, the guidelines does not recommend a 'series of threes' lumbar epidural injections procedures. The guidelines recommend that a second or a repeat lumbar epidural steroid injection can be performed if there is documentation of significant pain relief with functional restoration and decrease in medications utilization following the first lumbar epidural steroid injection. Therefore, the criteria for 3 lumbar epidural steroid injections was not met.