

Case Number:	CM15-0016012		
Date Assigned:	02/04/2015	Date of Injury:	06/30/2013
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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 37 year old female, who sustained an industrial injury on 06/30/2013. She has reported subsequent low back and lower extremity pain and was diagnosed with displacement of lumbar disk and degeneration of the lumbar disk. Treatment to date has included oral pain medication, TENS unit and chiropractic therapy. In a progress note dated 12/29/2014, the injured worker complained of low back, left hip and left leg pain. Objective physical examination findings were notable for reduced lumbosacral range of motion and tenderness of the left sciatic notch. The 2013 MRI of the lumbar spine showed multilevel spondylosis, disc bulges, annular tears and stenosis. The 2013 EMG/NCS was reported as normal. The medications listed are Motrin, Norco, Lexapro and Cymbalta. A request for authorization of left transforaminal epidural steroid injection was made. On 01/20/2015, Utilization Review non-certified a request for left transforaminal epidural steroid injection, noting that the clinical information does not corroborate radiculopathy of left L3. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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 steroid injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy. The records did not indicate objective, radiological and EMG/NCS studies consistent with the diagnosis of lumbar radiculopathy. The EMG/NVS was reported as normal. The patient is utilizing multiple medications for the treatment of the low back pain. The patient is utilizing medications for the treatment of psychosomatic symptoms. The existence of psychosomatic disorders is associated with decreased efficacy of interventional pain procedures. The criteria for left tranforamina lumbar epidural steroid at L3-L4 was not met.