

Case Number:	CM15-0016067		
Date Assigned:	02/04/2015	Date of Injury:	09/29/2009
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
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 59 year old female, who sustained an industrial injury on 9/29/2009. On 1/28/15, the injured worker submitted an application for IMR for review of Right L4-5 epidural injection. The treating provider has reported the injured worker complained of right hip pain radiating to the right leg to the first three toes of right foot. The diagnoses are right lumbar radiculopathy and low back pain. The MRI Lumbar dated 11/4/14 showed multilevel disc bulges, facet arthropathy, neural foramina stenosis maximum at left L4-L5 and L5-S1. The medication are Hydrocodone, Oxycodone and Soma. On 12/23/14 Utilization Review non-certified Right L4-5 epidural injection. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5
Page(s): 46.

Decision rationale: The CA MTUS recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate subjective, objective and radiological findings consistent with lumbar radiculopathy. The MRI report indicates left sided neural foramina stenosis but the subjective findings indicates a right sided pathology. The request is for a right sided epidural procedure. The criteria for the Right L4-L5 transforamina epidural steroid injection was not met.