

Case Number:	CM15-0072155		
Date Assigned:	04/22/2015	Date of Injury:	11/20/2008
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/15/2015

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 58 year old male, who sustained an industrial injury on 11/20/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis, unspecified, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included epidurals, physical therapy, chiropractic and medications. The 2013 MRI of the lumbar spine showed minor degenerative disc disease and mild facet arthropathy. There was no central or neural foramina stenosis or nerve impingement. Currently (3/05/2015), the injured worker complains of chronic neck and low back pain since his work related injury. Neck pain was rated 3.5/10, but could increase to a shooting pain and tingling sensation radiating into his bilateral upper and lower extremities. Since his last visit, he was documented to have a cervical epidural steroid injection, which gave him greater than 50% relief. The treatment plan included bilateral L4-5 and L5-S1 transforaminal epidural steroid injections. The medications listed are Tramadol, Gralise, naproxen, Prilosec, Voltaren and anxiolytic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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 epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and PT. The records did not show radiological findings consistent with the diagnosis of lumbar radiculopathy. The presence of psychosomatic symptoms is associated with decrease efficacy interventional pain procedures. The criteria for bilateral L4-L5, L5-S1 transforamina epidural steroid injections was not met.