

Case Number:	CM13-0025850		
Date Assigned:	12/11/2013	Date of Injury:	08/22/2003
Decision Date:	02/11/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 63-year-old man who sustained a work related injury on August 22, 2003. He was reported to have chronic back pain, below and above the location of a previous lumbar fusion. His pain was resistant to conservative therapy; however, he was reported to have relief with intermittent lumbar injections. The patient also used aquatic therapy and pain medications with benefit. His physical examination showed stiff gait, lumbosacral tenderness and restricted spine range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 transforaminal epidural steroid injections bilaterally at L2-3, L3-4 and S1:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is an option for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction of the need of surgery. Furthermore, the patient file does not

document that the patient is candidate for surgery. In addition, there is no clinical, objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy.