

Case Number:	CM13-0039808		
Date Assigned:	12/20/2013	Date of Injury:	01/04/2013
Decision Date:	06/06/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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:

The patient is a 60-year-old woman who sustained a work related injury on December 28 2008. Subsequently, she developed low back pain. She was diagnosed with lumbar radiculopathy. Her MRI of the lumbar spine performed on December 22, 2011 revealed 4mm disc protrusion on the right side of L3-4 with moderate right-sided neuroforaminal narrowing and mild bilateral facet arthropathy. At L4-5, there is a small disc bulge with mild to moderate bilateral foraminal narrowing, right worse than the left. The disc bulge did contact the L4 nerve root on the right and the bilateral traversing L5 nerve roots. There is mild bilateral facet arthropathy and hypertrophy of the ligamentum flavum. EMG/NCV of the lower extremities dated June 06, 2013 revealed no electrical evidence of lumbar radiculopathy and no evidence of peripheral neuropathy. The patient was treated with naproxen and opioids. According to the medical report of September 10, 2013, the patient was complaining of back and neck pain. Her physical examination demonstrated diffuse lumbar tenderness with reduced range of motion, reduced sensation in the territory of L4-L5 dermatome. The provider requested authorization for transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL L4-L5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK ,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 optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. MTUS Guidelines do not recommend epidural injections for back pain without radiculopathy (309). The most recent EMG was negative for radiculopathy. Therefore, Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary.