

Case Number:	CM13-0042488		
Date Assigned:	04/25/2014	Date of Injury:	12/06/2012
Decision Date:	07/07/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert 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 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/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 56 year old woman who sustained a work related injury on December 6, 2012. Subsequently, she developed chronic back pain. According to a note dated on July 26, 2013, the patient reported chronic back pain radiating to both lower extremities. Physical examination demonstrated lumbar tenderness with reduced range of motion, and decreased sensation in the right L4-L5-S1 dermatoma, right lower extremity weakness. Her EMG/NCV performed on August 19, 2013, demonstrated bilateral S1 radiculopathy. Her MRI performed on January 16, 2013 showed left sided laminectomy, and bilateral foraminal narrowing. The patient was treated with physical therapy, acupuncture, medications and epidural steroid injections, which induced 50% pain relief for 2 weeks.

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 (TF-ESI) AT L4, L5 AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: According to MTUS guidelines, an 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. The MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the requested TF-ESI is not medically necessary.