

Case Number:	CM13-0064918		
Date Assigned:	05/07/2014	Date of Injury:	01/28/2013
Decision Date:	07/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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:

██████████ is 40 year old man who sustained a work related injury on January 28 2013. Subsequently he developed a chronic back pain and was diagnosed with lumbar disc herniation without myelopathy, myospasms and lumbar radiculitis. According to a note dated on October 29 2013, the patient was complaining of low back pain radiating to both lower extremities. His physical examination demonstrated lumbar tenderness with reduced range of motion, trigger in the paraspinal muscles and mild lower extremities weakness. The rest of his neurological examination was normal. His MRI demonstrated lumbar dis bulging. The patient was treated with pain medications and muscles relaxant medication. The provider requested authorization for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. He was treated with conservative therapy without full control of the patient pain. However, there is no documentation of clinical, radiological and electrodiagnostic evidence that support the diagnosis of lumbar radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, lumbar epidural steroid injection at L5-S1 is not medically necessary.