

Case Number:	CM13-0065418		
Date Assigned:	01/03/2014	Date of Injury:	07/31/2011
Decision Date:	04/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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 a 49-year-old woman who sustained a work related injury on July 31, 2011. She subsequently developed with chronic back pain. She underwent surgery without improvement of the pain. She was diagnosed with lumbar degenerative disease, lumbar radiculopathy and myofascial pain. She had an MRI on September 15, 2011, which demonstrated the fusion at L4-L5 and L5-S1 without evidence of central spinal canal stenosis. She was treated with the pain medications, physical therapy acupuncture, epidural injections with some benefit and TENS unit. According to the note dated on October 31, 2013, the patient was complaining of chronic back pain. Her physical examination demonstrated lumbar tenderness with reduced range of motion. She was treated with tramadol and naproxen Neurontin and Prilosec. The patient was tried on TENS which was helpful. However there is no objective quantification of its effect. The provider requested authorization to use of one right transforaminal lumbar epidural steroid injection at the level of L5-S1 between 11/18/13 and 1/2/14 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right transforaminal lumbar epidural steroid injection at the level of L5-S1 between 11/18/13 and 1/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

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 does not recommend epidural injections for back pain without radiculopathy (309). Therefore, right transforaminal lumbar epidural steroid injection at the level of L5-S1 between 11/18/13 and 1/2/14 is not medically necessary.