

Case Number:	CM13-0067814		
Date Assigned:	01/03/2014	Date of Injury:	12/18/2012
Decision Date:	12/31/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 New Jersey. 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 28-year-old man who sustained a work related injury on December 18, 2012. Subsequently, he developed chronic low back pain. According to the progress report dated January 28, 2014, the patient complained of pain in the lower back, right knee, and right ankle with radiation to the right leg. The pain was associated with tingling and numbness in the right leg. The pain was constant in frequency and severe in intensity. The patient rated the pain as a 7-9/10. Examination of the lumbar spine revealed range of motion to forward flexion was 45 degrees, extension 20 degrees, and side bending 25 degrees to the right and 40 degrees to the left. There was severe tenderness to palpation over the bilateral lumbar paraspinal muscles. There was negative lumbar facet loading maneuver bilaterally. There was positive straight leg raise test on the right at 40 degrees in the seated and 55 degrees in the supine position. Motor strength was 4/5 and symmetric throughout the right lower extremity. Sensation was decreased to light touch and pinprick over the L5-S1 dermatomal distribution of the right lower extremity. The patient's diagnoses included lumbago and displacement of lumbar intervertebral disc without myelopathy. The provider requested authorization for lumbar epidural steroid injection (ESI) at right L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) at right L5-S1 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

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. The provider reported that the patient had a temporary improvement with previous epidural injection, without objective evidence of improvement in pain and function and any reduction in pain medications. There is no documentation for at least 50% improvement lasting at least 6-8 weeks. Therefore, lumbar epidural steroid injection (ESI) at right L5-S1 x 1 is not medically necessary.