

Case Number:	CM14-0000824		
Date Assigned:	01/22/2014	Date of Injury:	06/22/2012
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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:

██████████ is a 64-year-old man who sustained a work-related injury June 22, 20012. Subsequently he developed neck, left shoulder and right knee pain. According to a progress note dated November 22, 2013, the patient has had worsening pain in his neck and lower extremity weakness and pain. He has had 2 previous epidural steroid injections. The patient was diagnosed with lumbar degenerative disc disease. His physical examination shows 4/5 weakness in his left quadriceps as well as tibialis anterior. MRI of the lumbar spine on July 03, 2012 showed mild to moderate multilevel degenerative changes within the lumbar spine. There is 2 mm retrolisthesis and a 5 mm disc bulge at L5-S1. There is moderate narrowing at the left S1 nerve root. At L4-5, there is a 4 mm diffuse disc bulge with mild foraminal narrowing and minimal encroachment on the right L4 nerve root, as well as a 3-4 mm diffuse disc bulge at L3-4. The provider requested authorization Lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESI - NO LEVELS INDICATED: Upheld

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

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. In addition, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). In addition, the provider did not clearly document any functional improvement and pain reduction from previous epidural injections. Therefore, lumbar epidural steroid injection is not medically necessary.