

Case Number:	CM14-0137342		
Date Assigned:	10/03/2014	Date of Injury:	03/10/2013
Decision Date:	11/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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:

The patient is a 71-year-old man who sustained a work-related injury March 10, 2014. Subsequently, he developed chronic low back pain with radiation down the leg. The patient was diagnosed with lumbar spine sprain/strain. He was treated with pain medications and physical therapy without improvement. According to the progress report dated May 13, 2014, the patient reported discomfort and pain in the low back area with radiation down the right leg. There is numbness and tingling down the leg. There is reduced range of motion of the lumbar spine. There is pain toward terminal range of motion. There is no paraspinal musculature tenderness to palpation. There is no tenderness to palpation of the spinous processes. There is no paraspinal spasm. There are no palpable abnormalities. Sciatic notch is positive. PSIS (Posterior Superior Iliac Spine) non-tender bilaterally. Straight leg raise test was positive. FABER test negative bilaterally. There is decreased sensation in the L5 dermatome. The provider requested authorization for Lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar-epidural steroid injection L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. In addition, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, lumbar epidural steroid injection is not medically necessary.