

Case Number:	CM14-0155837		
Date Assigned:	09/25/2014	Date of Injury:	01/30/2008
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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 51-year-old man who sustained a work-related injury January 30, 2008. Subsequently, he developed chronic low back pain. According to a preliminary report dated November 28, 2013, the patient complained of low back pain. He reported feeling of spasm and a tearing sensation in his lower back. He rated his pain at 10/10, radiating down to his right buttock. Physical examination revealed no vertebral point tenderness present over cervical, thoracic, or lumbar. The patient has limited range of motion secondary to discomfort. He has mild paraspinous muscle spasm noted on the right lower lumbar area radiating down his buttocks. The patient has normal gait. Treatment has included pain medications, at least 3 epidural steroid injections, medial branch blocks, and trigger point injections. The patient was diagnosed with chronic low back pain. The provider requested authorization for bilateral ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to California Medical Treatment Utilization Schedule (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. There is no documentation that the patient responded to epidural injections. 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). Therefore, lumbar epidural steroid injection is not medically necessary.