

Case Number:	CM14-0166770		
Date Assigned:	10/14/2014	Date of Injury:	02/24/2014
Decision Date:	11/26/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 31-year-old man who sustained a work-related injury on September 9, 2014. Subsequently, the patient developed chronic back pain. According to a progress report dated on August 14, 2014, the patient continued to complain of chronic back pain with a severity rated 8/10. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, negative straight leg raise and Lasegue's tests. The patient was diagnosed with the lumbar sprain and lumbar radiculopathy. The provider request authorization for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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. He was treated with conservative therapy without full control of the patient pain. However, there is no documentation of clinical, radiological and electrodiagnostic evidence that support the diagnosis of lumbar radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, lumbar epidural steroid injection is not medically necessary.