

Case Number:	CM14-0182093		
Date Assigned:	11/06/2014	Date of Injury:	05/28/2014
Decision Date:	12/11/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 46-year-old man who sustained a work-related injury on May 20/9/2014. Subsequently, the patient developed with chronic back pain. The patient was treated with physical therapy and that an epidural injection on September 2014 without any documentation of significant pain relief or functional improvement. According to a progress report dated on October 22, 2014, the patient reported that he has modest improvement the of pain after epidural injection. The patient was reported to have the tingling and numbness in both legs. The patient was taking Flexeril and Relafen. His MRI of lumbar spine performed on July 2, 2014 demonstrated degenerative disc disease. The patient physical examination demonstrated the mild reduction of cervical range of motion of the lumbar spine. The provider request authorization for bilateral epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral epidural steroid injection at the L1-L2 Level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of 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. There is no clear recent clinical, neurophysiological and radiological evidence of radiculopathy. The patient previously received one epidural injections without documentation of any improvement. Therefore, the request for Lumbar epidural steroid injection is not medically necessary.