

Case Number:	CM14-0034320		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2005
Decision Date:	12/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 61 year old man who sustained a work-related injury on April 9 2005. Subsequently, the patient developed a chronic back pain for which he underwent lumbar fusion. According to a progress report dated on March 6 2014, the patient was complaining of low back pain radiating to both lower extremities. The patient physical examination demonstrated positive SLR and decreased sensation in the left L5 S1 dermatoma territory. MRI of the lumbar spine performed on 2011 demonstrated DDD. The patient was diagnosed with lumbar radiculopathy. The provider requested authorization for 3 ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient LES (lumbar epidural steroid) injections with sedation for the 2014 year, qty: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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, radiological, EMG/NCV and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, outpatient LES (lumbar epidural steroid) injections with sedation for the 2014 year, qty: 3 are not medically necessary.