

Case Number:	CM13-0052096		
Date Assigned:	01/24/2014	Date of Injury:	08/23/2000
Decision Date:	04/13/2015	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 52-year-old male, who sustained an industrial injury on 8/23/2000. The mechanism of injury was not noted. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included conservative measures. On 10/15/2013, the injured worker complains of increased low back pain. Objective findings included tenderness and spasm. Medications included Celebrex and Norco. Treatment plan included physical therapy and lumbar epidural steroid injection at L3-4. A consultation progress report, dated 10/17/2013, noted review of magnetic resonance imaging scan as showing some scarring on the right side at L4-5, multi-level disc degeneration, and retrolisthesis and disc protrusion at left L3-4. Exam noted satisfactory sensory, motor, and deep tendon reflexes in both lower extremities. On 11/06/2013, Utilization Review non-certified a request for a lumbar epidural steroid injection at L3-4, noting the lack of compliance with MTUS and Non-MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 benefits, however there is no significant long term benefit or reduction for the need of surgery. There is no clear evidence from the physical examination of radiculopathy. There is no EMG study documenting radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar epidural steroid injection at L3-4 is not medically necessary.