

Case Number:	CM14-0154519		
Date Assigned:	09/24/2014	Date of Injury:	06/22/1999
Decision Date:	01/23/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 48-year-old man who sustained a work-related injury on June 22, 1999. Subsequently, the patient developed a chronic back pain for which the patient underwent lumbar surgery in 1994. According to a progress report dated on August 19, 2014, the patient was complaining of ongoing back pain with pain severity rated 5/10. MRI of the lumbar spine performed on the thousand 11 demonstrated degenerative disc disease. The patient physical examination demonstrated antalgic gait. There is no documentation of radicular symptoms on physical examination. The patient was treated with pain medications without full pain control. The provider requested 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 at L5-S1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidur.

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 evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no clear documentation of radiculopathy at the level of L5-S1. Therefore, Lumbar Epidural Steroid Injection at L5-S1 bilaterally is not medically necessary.