

Case Number:	CM14-0184865		
Date Assigned:	11/12/2014	Date of Injury:	04/09/2010
Decision Date:	08/18/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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, Alabama, 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 34 year-old male who sustained an industrial injury on 04/09/10. He reported low back pain after lifting. He is status multiple back surgeries. Initial diagnoses are not available. Current diagnoses include failed back surgery syndrome, and myofascial low back pain. Diagnostic testing and treatment to date has included x-rays, MRI, lumbar surgery, and topical/oral pain medication management. Currently, the injured worker reports he still has low back pain with bilateral lower extremity radiation, numbness, tingling, and weakness. Current medications are no longer helping his pain; he has anxiety and restlessness. Physical examination is remarkable for tenderness to palpation of the back; range of motion is painful; he has decreased sensation of the left leg and foot. Requested treatments include bilateral L5 and S1 Transforaminal epidural steroid injection. The injured worker's status is not addressed. Date of Utilization Review: 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 and S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 and objective documentation of Radiculopathy. The October 9 2014 note did not document any electro-diagnostic or radiological evidence of Radiculopathy. In addition, there is no clear evidence of failure of conservative therapies including pain medications adjustment. MTUS guidelines do not recommend epidural injections for back pain without Radiculopathy (309). Therefore, Bilateral L5 and S1 Transforaminal epidural steroid injection is not medically necessary.