

Case Number:	CM14-0186918		
Date Assigned:	11/14/2014	Date of Injury:	01/18/2000
Decision Date:	01/05/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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 50-year-old man who sustained a work-related injury on January 18 2000. Subsequently, the patient developed a chronic back pain. According to a progress report dated on October 1, 2014, the patient was complaining of flare-up of back pain radiating to both lower extremities despite the use of spinal cord stimulator. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, lumbar facet loading. The patient was treated with the lumbar surgery and pain medications. The patient was treated with lumbar epidural steroid injection on 2010 provided 30% decrease in back pain for several weeks. The provider requested authorization for lumbar steroid epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal LESI at L3-L4 and L4- L5 with lumbar epidurogram contrast dye, IV sedation under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

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. The MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. The patient did not have adequate response from a previous epidural steroid injection performed 2010. There is no clear documentation of radiculopathy at the level of L3-4 and L4-5. Therefore, Left transforaminal LESI at L3-L4 and L4- L5 with lumbar epidurogram contrast dye, IV sedation under fluoroscopic guidance is not medically necessary.