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| Case Number: | CM14-0187756 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 08/06/2013 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 11/11/2014 |

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 August 6, 2013. Subsequently, the patient developed a chronic low back pain. According to a progress report dated on October 7, 2014, the patient was complaining of ongoing low back pain severity 6/10 radiating to both lower extremities. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, sacroiliac tenderness. The patient was diagnosed with lumbar facet syndrome, lumbar disc disease, left sciatic arthropathy. The provider requested authorization for left epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 and Left L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 does not recommend epidural injections for back pain without radiculopathy. There is no clear documentation of radiculopathy at the level of L4-S1. Therefore, Left L4-5 and Left L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary.