

Case Number:	CM14-0192120		
Date Assigned:	11/25/2014	Date of Injury:	09/12/2011
Decision Date:	01/28/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 45-year-old woman who sustained a work-related injury on September 13, 2011. Subsequently, the patient developed a chronic back and shoulder pain. According to a progress report dated on March 7, 2014, the patient was complaining of low back pain with a severity rated 4/10. The pain was radiating to the right arm and fingers. The patient physical examination demonstrated cervical tenderness with motion and decreased sensation over four-month digits of the right hand. The patient reports lumbar tenderness with reduced range of motion with the positive straight leg raise. The patient condition improved with physical therapy and the pain medications. 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:

L4 L5 S1 epidural corticosteroid injection under fluoroscopic guidance: Upheld

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

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. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There are no clinical, EMG and imaging studies supporting radiculopathy in the levels requested for injection. Therefore, the request for L4 L5 s1 epidural corticosteroid injection under fluoroscopic guidance is not medically necessary.