

Case Number:	CM14-0198321		
Date Assigned:	12/08/2014	Date of Injury:	07/19/2013
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 injured worker is a 58-year-old man who sustained a work-related injury on July 19, 2013. Subsequently, the injured worker developed a chronic back pain. The injured worker lumbar MRI performed on October 18, 2015 demonstrated degenerative disc disease with spinal stenosis. The injured worker was treated with the epidural steroid injection at the left L4-L5 level on October 8, 2014 with 70% pain improvement for 20 days. According to a progress report dated on November 3, 2014, the injured worker was complaining of low back pain and left leg pain. The injured worker physical examination demonstrated normal motor examination. The injured worker was diagnosed with lumbosacral spondylosis and lumbar disc degenerative disease. The provider requested authorization for left lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Lumbar Epidural Steroid Injection at L4-L5 under Fluoroscopic Guidance: 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 injured worker file does not document that the injured worker is candidate for surgery. In addition, there is no evidence that the injured worker 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 L4-5. In addition, prior lumbar epidural injection provided 70% pain relief over 20 days. To repeat epidural injection, the current guidelines recommended at least 50% pain relief over 6-8 weeks. The injured worker does not fulfill these criteria. Therefore, Left transforaminal lumbar epidural steroid injection at L4-L5 under fluoroscopic guidance is not medically necessary.