

Case Number:	CM14-0200667		
Date Assigned:	12/11/2014	Date of Injury:	02/05/1997
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 43-year-old man who sustained a work-related injury on February 5, 1997. Subsequently, the patient developed chronic low back and shoulder pain. The patient rated his low back pain level as an 8/10 with radiation to the lower extremities and rated his right shoulder pain level as a 5/10. Physical examination revealed tenderness to the lumbar paraspinals with evidence of trigger points, limited range of motion, positive findings of dural tension, diminished sensation to the lower extremities, and positive facet loading. Right shoulder examination revealed decreased motion with positive apprehension. The patient was diagnosed with chronic lumbar radiculopathy, lumbar post laminectomy syndrome, right shoulder impingement/rotator, depression, anxiety, narcotic dependence, and chronic pain. The provider requested authorization for L4-S1 lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-S1 lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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 Electromyography (EMG)/Nerve Conduction Velocity (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, Lumbar Epidural Steroid Injection L4-S1 is not medically necessary.