

Case Number:	CM14-0201743		
Date Assigned:	12/12/2014	Date of Injury:	03/03/2013
Decision Date:	01/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 68 year old female with a date of injury of 3/3/2013. The mechanism of injury was tripping over boxes and landing on right side of body. She has been treated for knee injury. Per the pain management specialist note of 11/11/2014, she presented with ongoing and chronic pain in low back, across the back and down both lower extremities. Previous treatments include nerve blocks/injections and narcotic pain medication (Tylenol with codeine and Valium). Physical examination showed diminished strength in bilateral lower extremities and bilateral lumbar spasms with an antalgic gait. Diagnosis is lumbar radiculopathy. The Utilization Review dated 11/20/2014 non-certified left lumbar transforaminal epidural steroid injection for level L3, L4, L5 under fluoroscopic guidance as an outpatient for the records being unclear as to why the injection is requested at this time. ACOEM guidelines were utilized in the decision making.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar transforminal epidural steroid injection for level L3, L4, L5 under fluoroscopic guidance as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 do 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.