

Case Number:	CM14-0202230		
Date Assigned:	12/12/2014	Date of Injury:	11/08/2012
Decision Date:	01/30/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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:

This 42 year old male worker injured his back on 11/08/2012 while being employed. On provider visit 05/27/2014 he continued to complain of right buttock pain and right leg numbness. Per documentation, he underwent a L5-S1 laminotomy procedure 5/2013 and reported an increase in symptoms after surgery. Examination revealed tenderness to palpation over paraspinal muscles on the right, nontender to palpation on the left. And a decreased range of motion was noted. His diagnoses were persistent right sided radiculitis/radiculopathy, L5-S1 degenerative disk disease and status post right L5-S1 laminotomy. A MRI of the lumbar spine on 01/31/2014 revealed L5-S1 disc was desiccated and minimally degenerated. Laminectomy changes are seen on the right side, 5 mm broad based disc bulge was noted, and no evidence of canal stenosis. At L4-L5 disc bulge was noted, mild degenerative disc disease and no evidence of canal stenosis noted. His treatment plan included L5-S1 transforaminal epidural steroid injection. On primary treating physician's progress report dated 10/07/2014, the injured worker was noted to have a decrease in lower back pain status post 1st lumbar epidural injection. He was prescribed a 2nd epidural steroid injection. The injured worker was noted to be no working. The Utilization Review dated 11/05/2014 non-certified the request for a second LESI L5-S1 as not medical necessary. The reviewing physician referred to CA MTUS Chronic Pain Medical Treatment Guidelines for recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 recent EMG and MRI findings. The provider reported that the patient had a temporary improvement with previous epidural injection, without objective evidence of improvement in pain and function and any reduction in pain medications. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, lumbar epidural steroid injection L5-S1 is not medically necessary.