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| Case Number: | CM14-0202482 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 05/10/2010 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/10/2014 |
| 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:

The patient is a 48-year-old man who sustained a work-related injury on May 10, 2010. Subsequently, the patient developed chronic low back pain. Prior treatments included: lumbar epidural steroid injection, physical therapy, psychological therapy, and spine surgery. According to a progress report dated September 15, 2014, the patient complained of low back pain. he rated the level of his pain as an 8/10. The patient's pain was located in the lower back. This pain radiates to the leg on the left. The patient also had pain in the arm and leg. The pain was described as aching, cramping, numb, shooting, and tingling/pins and needles. The pain was constant and worse in the morning. On examination, there was tenderness to palpation over the left and right cervical facet joints. Cervical range of motion overall was full. Flexion increased pain and there was increased pain with extension and rotation. The lower extremity was tender to palpation over the left medial knee. There was tenderness to palpation over the left and right upper lumbar facet joints and moderate tenderness in lower lumbar spine. The lumbar range of motion was normal. Light touch in the left lower extremity had decreased sensation throughout. The patient was diagnosed with chronic pain syndrome, lumbosacral spondylosis, low back pain, lumbar radiculitis, cervical spondylosis, extremity pain, knee pain, and lumbar post-laminectomy syndrome. The provider requested authorization for 3 Transforaminal Epidural Steroid Injections at Left L4-5 and Left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Transforaminal Epidural Steroid Injections at Left L4-5 and Left 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 recent clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). In addition, MTUS guidelines do not recommend to repeat epidural injection without radiculopathy. Therefore, 3 Transforaminal Epidural Steroid Injections at Left L4-5 and Left L5-S1 is not medically necessary.