

Case Number:	CM14-0202644		
Date Assigned:	12/15/2014	Date of Injury:	10/12/2010
Decision Date:	01/30/2015	UR Denial Date:	11/13/2014
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 72-year-old man who sustained a work-related injury on October 12, 2010. Subsequently, the patient developed a chronic low back pain. According to a progress report dated on November 4, 2014, the patient was complaining of ongoing low back pain, neck pain and right shoulder pain. The patient pain severity was rated the 6/10 without medication and 3/10 with medications. The patient was treated with Norco with some improvement. The patient physical examination demonstrated lumbar tenderness with reduced range of motion and positive straight leg raising as well as antalgic gait. The patient was diagnosed with lumbosacral spondylosis, lumbago and thoracic radiculitis. The provider requested authorization for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 L5-S1 transforaminal ESI x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation California Code of Regulations Title 8 Official Disability Guidelines

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. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no documentation that the patient is suffering from lumbar radiculopathy at L4-5 L5-S1, the requested levels of injection. Therefore, the request for Left L4-5 L5-S1 transforaminal ESI times three is not medically necessary.