

Case Number:	CM14-0203901		
Date Assigned:	12/16/2014	Date of Injury:	09/27/2006
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 61 year old woman who sustained a work-related injury on September 27, 2006. Subsequently, the patient developed a chronic low back pain. According to a progress report dated on September 19, 2013, the patient was complaining of ongoing back pain radiating the both lower extremities and through the gluteal area. The patient physical examination demonstrated lumbar tenderness and positive straight leg raise test. The patient EMG nerve conduction study was normal. The patient MRI dated the disc bulging at L4-L5 and L5-S1. 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:

Transforaminal epidural steroid injection L4-L5 & L5-S1 (bilateral): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Epidural Steroid Injection (ESI) Page(s): 46.

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. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, Transforaminal Epidural Steroid Injection L4-L5 & L5-S1 (Bilateral) is not medically necessary.