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| Case Number: | CM14-0203991 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 09/08/2013 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/10/2014 |
| 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:

According to the records made available for review, the injured worker is a 40 year-old female with a date of injury of 09/08/2013. The results of the injury include low back pain. Diagnoses include lumbar sprain and strain. Diagnostic studies have included a MRI of the lumbar spine, dated 10/16/2014, which was remarkable for small circumferential disc bulge at L4-L5 and 4 mm central disc protrusion at L5-S1, without significant central canal narrowing. Treatments have included medications and physical therapy. Medications used have included Tylenol. A progress note from the treating physician, dated 10/27/2014, documents an evaluation of the injured worker. The injured worker reported low back pain that radiates into the left buttock and hamstring, rating the pain as constant at 4/5 on the visual analog scale, with a severe pain rating at 9/10. Objective findings include no tenderness to palpation of the lumbosacral spine; straight leg raise negative on the right and positive on the left for leg pain; and motor examination 5/5 for bilateral lower extremities in all major muscle groups. Work status is listed as remaining permanent and stationary. Plan of treatment includes recommending and requesting a translaminar epidural steroid injection at L5-S1. Request is being made for Translaminar L5-S1 Epidural Steroid Injection. On 11/10/2014, Utilization Review non-certified a prescription for Translaminar L5-S1 Epidural Steroid Injection. Utilization Review non-certified a prescription for Translaminar L5-S1 Epidural Steroid Injection based on the lack of documentation to support objective radicular findings in the requested nerve root distribution. As well, there is no documentation of imaging findings (moderate or greater central canal stenosis) at the requested level. Among the citations used by the Utilization Review were the CA MTUS, ACOEM: Low Back Chapter; and the ODG: Criteria for the use of epidural steroid injections. Application for independent medical review was made on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation 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. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (page 309). Therefore, translaminar L5-S1 epidural steroid injection is not medically necessary.