

Case Number:	CM14-0204485		
Date Assigned:	12/16/2014	Date of Injury:	10/09/2010
Decision Date:	02/06/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Neurological Surgery, 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 47-year-old man who sustained a work-related injury on October 9, 2010. Subsequently, the patient developed a chronic back pain. According to a progress report dated on November 10, 2014, the patient was complaining of ongoing back pain radiating to the left lower extremity with numbness with a few efficacy of pain medication including tramadol and Soma. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, and positive straight leg raising on the left side . The patient was diagnosed with right L3-L4 posterior disc protrusion, left L4-L5 foraminal disc protrusion and L5-S1 epidural lipomatosis. 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 Lumbar ESI under Fluoroscopy guidance at LT L4-5 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8 Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 clinical documentation that the patient is suffering from lumbar radiculopathy at L4-5 the requested levels of injection. There is no rationale for requesting repeated epidural injection without assessing the efficacy of previous injections. Therefore, the request for Transforaminal Lumbar ESI under Fluoroscopy guidance at LT L4-5 x 3 is not medically necessary.