

Case Number:	CM14-0204836		
Date Assigned:	12/17/2014	Date of Injury:	12/06/1999
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
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 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 is a 49-year-old woman who sustained a work-related injury on December 6, 1999. Subsequently, she developed chronic low back pain. According to a progress report dated October 1, 2014, the patient complained of low back pain. The location was primarily in the lower, right lumbar spine. The pain radiated to the right buttock and right anterior and posterior thigh. She characterized the pain as constant and sharp. Associated symptoms included radicular right leg pain. She denied numbness in the right buttock, weakness of the right upper leg and right lower leg or incontinence. The patient had a good response with a previous injection. She had a functional improvement. She has had a recent flare of her lower back pain and was discussed repeating the injection to address the residual pain that persisted. It has been also discussed spine surgery evaluation to determine if there were any long term surgical solution to address her lower back issues. Physical examination revealed normal cervical and lumbar lordotic curves without signs of gross edema or evidence of acute injury. Pain was elicited with palpation over the lumbar paraspinal muscles bilaterally. Muscle strength was full in the iliopsoas, quadriceps, hip adductors, gluteus maximus and medius. Limited active range of motions were noted with lateral bending bilaterally. Straight leg raise was negative bilaterally. The patient was diagnosed with low back pain, long term drug use, and radicular syndrome of lower limbs. The provider requested authorization for L4-5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-5 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS ACOEM Practice Guidelines, an 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, the request for epidural steroid injection at L4-5 is not medically necessary.