

Case Number:	CM14-0207634		
Date Assigned:	12/19/2014	Date of Injury:	12/11/1985
Decision Date:	02/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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 66-year-old who sustained a work-related injury on January 13, 2002. Subsequently, the patient developed a chronic low back pain. According to a progress report dated on June 26, 2014, the patient was complaining of ongoing back pain with a severity rated 8-10 over 10. The patient was previously treated with epidural injections. However there is no objective documentation of efficacy. The patient physical examination demonstrated lumbar tenderness with reduced range of motion and altered sensation in L4-L5 and L5-S1 dermatoma . The patient was diagnosed with lumbar disc disease, lumbar facet syndrome and related back surgery. The provider requested authorization for lumbar epidural injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 are no MRI or EMG reports supporting the diagnosis of active radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). There is no documentation of the efficacy of previous lumbar epidural injections. Therefore, Lumbar epidural injection at L4-5 is not medically necessary.