

Case Number:	CM14-0209008		
Date Assigned:	12/22/2014	Date of Injury:	06/27/2012
Decision Date:	02/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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 40-year-old man who sustained a work-related injury on June 27, 2012. Subsequently, the patient developed low back pain. Prior treatments included: medications, physical therapy, chiropractic manipulative therapy, and acupuncture treatment. According to a pain management consultation report dated November 12, 2014, the patient complained of pain in the low back, which he rated as a 4-5/10 and depending on the physical activity, it can shoot up to 8/10. The pain was described as achy, sharp, burning, and throbbing, traveling to the bilateral legs into the feet with numbness and tingling sensation. On exam, there was diffuse tenderness over the lumbar paravertebral musculature. There was moderate facet tenderness over the L4-S1 spinous process. There was positive Kemp's test, Farafan's test, and positive straight leg raising test. The range of motion in flexion was 60 degrees, extension was 10 degrees, and lateral flexion was 15 degrees. There was decreased sensation in the L4, L5, and S1 dermatomes. MRI of the lumbar spine revealed multilevel degenerative disc disease. At L4-5, there was facet arthropathy and a 7 mm left foraminal disc protrusion resulting in abutment of the exiting left L4 nerve root with narrowing of the left neural foramen with broad midline and right foraminal disc protrusion measuring 4 mm resulting in abutment of the descending L5 nerve roots as well as abutment of the exiting right L4 nerve root. There was mild narrowing of the right neural foramen. At L5-S1, there was facet arthropathy and a 3 mm circumferential disc protrusion resulting in mild abutment of the descending S1 nerve roots as well as abutment of the exiting right and left L4 nerve roots with narrowing of the neural foramen. The patient was diagnosed with lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The provider requested authorization for Bilateral L4-5 and L5-S1 lumbar transforaminal epidural steroid injection, quantity 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 transforaminal epidural steroid injections, quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is not an EMG/NCV study documenting radiculopathy. An MTUS guideline does not recommend epidural injections for back pain without radiculopathy. Therefore, bilateral L4-5, L5-S1 lumbar transforaminal epidural steroid injection is not medically necessary.