

Case Number:	CM14-0026996		
Date Assigned:	06/13/2014	Date of Injury:	02/28/1990
Decision Date:	02/12/2015	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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:

The patient is a 68-year-old woman who sustained a work-related injury on February 29, 1996. Subsequently, she developed chronic low back and mid back pain. According to a progress report dated December 30, 2013, the patient complained of pain in the leg and low back. The onset was chronic and of 9/10 severity. The patient stated the pain was sharp and radiating to the left leg. Over the past few week before her visit, the pain had returned with numbness and burning in the left leg. The physical examination revealed sensation was intact to light touch, pinprick and vibration. The straight leg raise was positive at 30 degrees on the left and the reflexes were noted to be reduced at +1. The patient was noted to have decreased range of motion in the lumbar spine and paraspinal tenderness. The provider requested authorization for Transforaminal Lumbar Epidural injection L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection L4-5, L5-S1 Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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 a candidate for surgery. In addition, documentation does not contain objective findings on examination and a recent electrodiagnostic study to support the presence of radiculopathy. Therefore, Transforaminal Lumbar Epidural injection L3-4, L4-5, L5-S1 Qty: 2 is not medically necessary.