

Case Number:	CM14-0210988		
Date Assigned:	12/23/2014	Date of Injury:	07/27/2004
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 60-year-old man who sustained a work-related injury on July 27, 2004. Subsequently, he developed chronic low back pain. Prior treatments included: physical therapy, medications, and home exercises. According to a progress report dated November 7, 2014, the patient reported ongoing unremitting low back, right buttock, and lateral thigh to the calf pain. The pain was gradually worsening and was significantly limiting his ability to ambulate. The patient noted mild weakness to the right leg as well. Physical exam revealed full strength to bilateral lower extremities. There was diminished sensation along L5 distribution to the right, and positive straight leg raise on the right at 30 degrees short of full extension. The patient was not able to toe or heel walk because of unsteadiness and severe pain to the leg. The patient was diagnosed with L5 radiculopathy/rheumatic, lumbar disc displacement, and lumbar disc degeneration. The provider requested authorization for Right side lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side lumbar epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (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 no clear evidence from the physical examination and/or EMG studies of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, Right side lumbar epidural steroid injection is not medically necessary.