

Case Number:	CM14-0215281		
Date Assigned:	01/05/2015	Date of Injury:	05/14/2014
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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 42-year-old man who sustained a work-related injury on May 14, 2014. He subsequently developed chronic back pain. Prior treatments included: medications, chiropractic treatment, physical therapy, activity modification, and a lumbar epidural steroid injection at the right L5-S1 nerve roots on November 7, 2014 (with only short term benefit). According to the follow-up report dated November 25, 2014, the patient continued to have back and right lower extremity radicular pain, which he rated as 10/10 in intensity. He described the pain as sharp, stabbing, and shooting. The patient reported 70% pain in the back and 30% pain in the leg. The patient continued to take Norco and Flexeril. Physical examination revealed antalgic gait, decreased range of motion, decreased sensation in the S1 dermatome, 4/5 strength of left ankle dorsiflexion, and depressed right patellar and right ankle reflex. MRI of the lumbar spine dated July 14, 2014 showed mild facet hypertrophy without canal or foraminal stenosis noted at L4-5. mild loss of disc signal was noted at L5-S1 with a 3mm paracentral lateral recess and foraminal. An EMG/NCS performed on November 20, 2014 demonstrated a normal study. The patient was diagnosed with intraforaminal disc protrusion on the right with L5-S1 radiculopathy and lumbar disc disease with axial back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Right L5 and Right S1 selective nerve root block (2nd injection) for the low back: 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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. The electrodiagnostic study performed in November of 2014 did not document any radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). As such, the request is not medically necessary.