

Case Number:	CM14-0217598		
Date Assigned:	01/07/2015	Date of Injury:	05/23/2001
Decision Date:	08/14/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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, Alabama,

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 injured worker is a 60 year old male with an industrial injury dated 05/23/2001. The injured worker's diagnoses include lumbar radiculopathy, status post spinal cord stimulator implant, status post right carpal tunnel release and trigger finger release. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 11/19/2014, the injured worker reported low back pain with radiation to bilateral lower extremities, left greater than right. The injured worker rated pain a 9/10. Objective findings revealed antalgic gait, positive bilateral straight leg raises, and decreased sensation in left posterolateral thigh (L5). The treatment plan consisted of epidural steroid injection (ESI), medication management, home exercise therapy, physical therapy and follow-up appointment. The treating physician prescribed left L4-5, L5-S1 epidural Injection x1, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 Epidural Injection x1: 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 no documentation of corroborative MRI or EMG/NCV findings of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Left L4-5, L5-S1 Epidural Injection is not medically necessary.