

Case Number:	CM14-0038472		
Date Assigned:	06/27/2014	Date of Injury:	03/05/2012
Decision Date:	01/28/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/01/2014

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 38-year-old woman who sustained a work-related injury on March 5, 2012. Subsequently, the patient developed chronic low back and shoulder pain. MRI of the lumbar spine dated December 27, 2013, with comparison to a prior study of May 15, 2012, showed L5-S1 mild central disc protrusion smaller than previously seen causing a lesser degree of mild central spinal canal stenosis. CT scan of the same date noted impression of L5-S1 mild central disc protrusion creating mild central spinal canal stenosis. The patient did receive authorization for EMG/NCV studies of her lower extremities and a repeat MRI and CT scan of the lumbar spine. The electrodiagnostic studies performed on January 10, 2014 documented normal studies of the bilateral extremities. According to the progress report dated January 8, 2014 the patient continued to note chronic, constant low back pain, which may be moderate to severe in intensity. She noted intermittent radicular symptoms to her right lower extremity, as well as episodes of weakness in the right lower extremity. The patient was diagnosed with chronic low back pain, lumbar degenerative disc disease with disc protrusion at L5-S1, and apparent right L5 motor radiculopathy. The provider requested authorization for L5-S1 lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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 candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, the patient had normal electrodiagnostic studies of the lower extremities. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no documentation that the patient has lumbar radiculopathy at the L5-S1 level, the requested level for injection. There is no clear documentation of radiculopathy at the level of L5-S1. Therefore, Lumbar Epidural Steroid Injection L5-S1 is not medically necessary.