

Case Number:	CM14-0048897		
Date Assigned:	06/25/2014	Date of Injury:	07/10/1995
Decision Date:	01/02/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/26/2014

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 54-year-old man who sustained a work-related injury on July 10, 1995. Subsequently, he developed chronic low back pain. An EMG/NCV performed on September 3, 2010 had limited and nonspecific findings for lumbar radiculopathy. Lumbar MRI dated June 5, 2013 showed neural foraminal stenosis at L5-S1 on the left and mid stenosis at L3-4 and L4-5. No nerve root compression or impingement was noted. According to a progress report dated March 13, 2014, the patient reported pain in the lower back. His pain level has increased since the last visit and rated his pain as an 8/10. In addition to pain, he also complained of abnormal gait, muscle spasms, numbness, tingling, and weakness. Examination of the lumbar spine revealed spasm and tenderness on both sides of paravertebral muscles. Spinous process tenderness was noted on L4, L5, and S1. Heel and toe walk were normal. Stretch of the piriformis was negative. Straight leg raising test was positive on the left side. Motor examination was grossly normal for the bilateral lower extremities. There was decreased sensation along the left L5 dermatome and L4. The patient was diagnosed with lumbar or lumbosacral disc degeneration, lumbago, neuralgia, neuritis and radiculitis. The provider requested authorization for Transforaminal Lumbar Epidural injection L3-4, L4-5, L5-S1 left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural injection L3-4, L4-5, L5-S1 left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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, documentation does not contain objective findings on examination and recent electrodiagnostic study to support the presence of radiculopathy. Therefore, Transforaminal Lumbar Epidural injection L3-4, L4-5, L5-S1 left is not medically necessary.