

Case Number:	CM15-0001234		
Date Assigned:	01/12/2015	Date of Injury:	10/02/2003
Decision Date:	04/02/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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 injured worker is a 53 year old male, who sustained an industrial injury on October 2, 2003. The mechanism of injury is unknown. The diagnoses have included low back pain syndrome status post left L4-5 laminectomy and discectomy and post-laminectomy syndrome. Treatment to date has included diagnostic studies, surgery, exercises and medications. Currently, the injured worker complains of back pain with pain that radiates down the left leg. On December 19, 2014, Utilization Review non-certified an epidural steroid injection x1, left L5-S1, noting the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. On January 5, 2015, the injured worker submitted an application for independent medical review for review of epidural steroid injection x1, left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION X1, LEFT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI 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 clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for EPIDURAL STEROID INJECTION X1, LEFT L5-S1 is not medically necessary.