

Case Number:	CM15-0005092		
Date Assigned:	01/16/2015	Date of Injury:	10/01/1999
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/09/2015

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 65 year old male, who sustained an industrial injury on October 1, 1999. The details of the injury and immediate symptoms were not documented in the reviewed medical record. He has reported lower back pain radiating to the right leg with numbness and tingling of the right hip. The diagnoses have included lumbar postlaminectomy syndrome, sacroiliac joint arthrosis, spinal stenosis, lumbar disc herniation, and lumbar/lumbosacral spondylosis. Treatment to date has included a sacroiliac joint fusion, lumbar spine fusion, and bilateral hip injections. Currently, the injured worker has minimal complaints except for incisional pain and right foot numbness following the sacroiliac joint fusion. The treating physician is requesting a transforaminal epidural steroid injection of the lumbar spine. On December 3, 2014 Utilization Review non-certified the request for a transforaminal epidural steroid injection noting the lack of documentation to support the medical necessity of the service. The MTUS Chronic Pain Treatment Guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at L5-S1 and S1-S2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections 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 an recent electrodiagnostic study to support the presence of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, Transforaminal epidural steroid injection at L5-S1 and S1-S2 is not medically necessary.