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| Case Number: | CM15-0008037 | | |
| Date Assigned: | 01/23/2015 | Date of Injury: | 01/25/2012 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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 38 year old female, who sustained an industrial injury on 01/25/2012. She has reported low back pain. The diagnoses have included lumbar radiculopathy and lumbar spinal stenosis. Treatment to date has included medications and transforaminal epidural steroid injection left L4-S1. A progress note from the treating physician, dated 12/08/2014, documented a follow-up visit with the injured worker. The injured worker reported constant low back pain, which radiates to the bilateral foot and greater on the left, and is accompanied by numbness and tingling; pain has worsened since last visit; pain is rated at 6/10 on the visual analog scale with medications, and 10/10 without medications; and moderate difficulty in sleep. Objective findings included spasm in the paraspinal musculature bilaterally; tenderness to palpation in the bilateral paravertebral area L4-S1; decreased lumbar range of motion; decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity; and decreased strength of the flexor muscles in the left lower extremity. Toradol injection with B12 was administered intramuscularly. The treatment plan has included Motrin; request for a repeat diagnostic bilateral L4-S1 lumbar epidural steroid injection, interlaminar approach, using fluoroscopy; and follow-up evaluation in two months. On 12/17/2014 Utilization Review noncertified an L4-S1 Epidural Steroid Injection interlaminar approach under fluoroscopy. The CA MTUS, Chronic Pain Medical Treatment Guidelines: Epidural Steroid Injections, and the ODG, Low Back Procedure Summary: Criteria for the use of epidural steroid injections were cited. On 01/09/2015, the injured worker submitted an application for IMR for review of an L4-S1 Epidural Steroid Injection interlaminar approach under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 epidural steroid injection interlaminar approach under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroids Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines TWC, Low Back Procedure Summary

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 clear evidence from the physical examination of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, L4-S1 epidural steroid injection interlaminar approach under fluoroscopy is not medically necessary.