

Case Number:	CM15-0100250		
Date Assigned:	06/02/2015	Date of Injury:	09/25/2013
Decision Date:	08/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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, Alabama, 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 41 year old female who sustained an industrial /work injury on 9/25/13. She reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar disc displacement, lumbar radiculopathy. Treatment to date includes medication, diagnostics, epidural steroid injection. Currently, the injured worker complained of low back pain that radiated into the left leg that was described as sharp, burning, and constant and rated 8/10. Per the primary physician's report (PR-2) on 3/24/15, exam noted paralumbar muscle spasms and tenderness with palpation, limited range of motion, atrophy in the quadriceps muscles, positive straight leg raise at 40 degrees on the left, absent deep tendon reflexes, decreased sensation to light touch on the left in the lateral thigh. The requested treatments include epidurography and L4-L5 lumbar epidural steroid injection with monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ajnr.org/content/20/4/697.long>

Epidurography and Therapeutic Epidural Injections: Technical Considerations and Experience with 5334 Cases Blake A. Johnsona, Kurt P Schellhasa and Steven R Polleia.

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 recent 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 active radiculopathy (309). In addition and according to the report of March 2015, there is no clear significant functional improvement with previous epidural injection performed on October 2014. Therefore, the request for epidurography is not medically necessary.

L4-L5 Lumbar Epidural Steroid Injection with Monitored Anesthesia Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 recent 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 active radiculopathy (309). In addition and according to the report of March 2015, there is no clear significant functional improvement with previous epidural injection performed on October 2014. Therefore, the request for L4-L5 Lumbar Epidural Steroid Injection with monitored anesthesia care is not medically necessary.