

Case Number:	CM15-0100626		
Date Assigned:	06/03/2015	Date of Injury:	06/04/2014
Decision Date:	07/01/2015	UR Denial Date:	05/21/2015
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 66 year old female, who sustained an industrial injury on June 4, 2014. She reported an injury to her cervical spine, right shoulder, thoracic spine, lumbar spine and right knee. Treatment to date has included MRI of the spine, physical therapy, epidural steroid injection, medications and work restrictions. Currently, the injured worker complains of constant low back pain which radiates to the bilateral lower extremities. The pain is associated with bilateral lower extremities numbness and weakness. She describes the pain as aching, burning, dull, electric, sharp, stabbing, throbbing and severe. The pain is aggravated by prolonged sitting, standing, turning, twisting and walking and reports moderate difficulty with sleep. She rates the pain a 9 on a 10-point scale with medications and a 10 on a 10-point scale without medications. An MRI of the lumbar spine on August 5, 2014 revealed advanced spondylosis-discogenic disease throughout, severe lateral recess stenosis, moderate to advanced degenerative changes of facets and mild to midline central stenosis of the L3-4 and L5-S1. The diagnoses associated with the request include lumbar disc degeneration, chronic pain, lumbar facet arthropathy and lumbar radiculopathy. The treatment plan includes repeat bilateral L4-S1 lumbar interlaminar epidural steroid injection, medications and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 lumbar epidural under fluoroscopy: Upheld

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

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. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Bilateral L4-S1 lumbar epidural under fluoroscopy is not medically necessary.