

Case Number:	CM15-0104726		
Date Assigned:	06/09/2015	Date of Injury:	09/29/1994
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/01/2015

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 69-year-old female, who sustained an industrial injury on September 29, 1994, incurring back injuries. In 1994, she underwent back surgery that decreased pain for 5 years. In 2014, a lumbar Magnetic Resonance Imaging revealed lumbar disc displacement, facet degenerative changes, disc protrusions and spinal stenosis. She was diagnosed with lumbar degenerative disc disease, lumbago, radiculopathy and lumbar stenosis. Treatment included neuropathic medications, pain medications, muscle relaxants, and work restrictions. Currently, the injured worker complained of back and neck pain with spasms, tingling and numbness limiting activities of daily living. She was also, diagnosed with cervicalgia and cervical radiculopathy. The treatment plan that was requested for authorization included lumbar epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L5-S1 under fluoroscopy, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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 recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for LESI L5-S1 under fluoroscopy is not medically necessary.