

Case Number:	CM15-0106520		
Date Assigned:	06/10/2015	Date of Injury:	10/13/2010
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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 54 year old male who sustained an industrial injury on 10/13/2010. The injured worker was diagnosed with lower back radiculopathy, multi-level arthropathy, cervical spine sprain/strain and headaches. The injured worker is status post right rotator cuff repair in December 2010 and re-arthroscopy in January 2013. Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on April 25, 2015, shoulder surgery, physical therapy, cognitive behavioral pain therapy, home exercise program, Toradol intramuscularly and medications. According to the primary treating physician's progress report on May 1, 2015, the injured worker continues to experience low back pain which radiates to the left foot. Examination demonstrated tenderness of the lumbar spine with bilateral paraspinal muscle hypertonicity, positive Kemps and positive left straight leg raise. There was decreased sensation of the left lower extremity. Injections of Toradol intramuscularly maintain symptoms (last received in April 2015). Current medications are listed as Norco, Ativan and Ambien, Cymbalta, Omeprazole and topical compounds. Treatment plan consists of continuing with home exercise program, waiting for authorization for spinal surgery and the current request for lumbar transforaminal epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS 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 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 objective evidence of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Transforaminal lumbar epidural steroid injection at L5 and S1 is not medically necessary.