

Case Number:	CM15-0017004		
Date Assigned:	03/09/2015	Date of Injury:	01/06/1998
Decision Date:	05/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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 66-year-old female, who sustained an industrial injury on January 6, 1998. The injured worker was diagnosed as having cervical and lumbar/lumbosacral intervertebral degenerative disc, myalgia and myositis, cervicalgia and thoracic/lumbosacral neuritis/radiculitis. Treatment and diagnostic studies to date have included pool therapy, medication, magnetic resonance imaging (MRI), CAT scan, injection, surgery and home exercise. A progress note dated December 18, 2014 provides the injured worker complains of general body pain and specifically neck and back pain with low back and hip pain going the left leg. She rates it 8/10 at best and 10/10 on average. She reports sleep disturbance. Physical exam notes cervical and lumbar tenderness with leg pain the left greater than the right. She ambulates with a cane. Previous magnetic resonance imaging (MRI) and CAT scans were reviewed. The plan includes medication, injection, pain management, physical therapy and consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar transforaminal ESI at left L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)

Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Epidural Steroid Injections (ESIs), Therapeutic.

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. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. There is no documentation that the patient 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, MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). The patient did not fulfill criteria. Therefore, the request for Repeat Lumbar Transforaminal ESI at left L4-5, L5-S1 is not medically necessary.