MAXIMUS Federal Services

Case Number:	CM15-0130895		
Date Assigned:	07/17/2015	Date of Injury:	06/06/2006
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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:

This 52 year old man sustained an industrial injury on 6/6/2006. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 4/2/2015. Diagnoses include lumbar spine stenosis and lumbar radiculopathy. Treatment has included oral medications, chiropractic care, physical therapy, acupuncture, lumbar transforaminal epidural steroid injections, and use of a corset. Physician notes on a PR-2 dated 5/13/2015 show complaints of increased low back pain rated 8-9/10 with radiation to the bilateral lower extremities. Recommendations include lumbar transforaminal epidural steroid injections, pain psychology follow up visit, podiatry follow up visits, orthopedic follow up visits, dermatology follow up visits, urology consultation, pain management follow up visits, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L4 and L5 transforaminal epidural steroid injection: 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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination or EMG studies of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, 1 bilateral L4 and L5 transforaminal epidural steroid injection is not medically necessary.