

Case Number:	CM15-0132205		
Date Assigned:	07/20/2015	Date of Injury:	10/19/2012
Decision Date:	08/14/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/08/2015

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 57 year old male who sustained an industrial injury on October 19, 2012. He has reported low back pain radiating to the buttocks, left lateral posterior thigh and calf. Diagnoses included mid back pain secondary to myofascial pain syndrome, recurrent low back pain with left L4, L5 radicular pain secondary to lumbar degenerative disc disease and neuroforaminal stenosis with radiculitis, and weakness and paresthesia in the left foot secondary to lumbar nerve root irritation. Treatment has included medical imaging, medications, and injection. Palpation of the thoracic paraspinal muscles elicited mild tenderness in the lower thoracic area bilaterally. Palpation of the lumbar spine elicited moderate tenderness in the lower lumbar area. Sensation was decreased to pinprick in the left lateral calf and left 1st web space and left medial top of foot which was L4, L5, and S1 nerve root distribution. Straight leg raise was positive in the left lower extremity bilaterally. Lumbar flexion was painful. The treatment request included left L4 and L5 tranforaminal selective epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 and L5 tranforaminal selective epidural steroid injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary - Online Version.

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. In addition, there is no recent clinical and objective documentation of radiculopathy. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no documentation of the efficacy of previous injections. Therefore, the request for Left L4 and L5 transforaminal selective epidural steroid injection under fluoroscopic guidance is not medically necessary.