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| Case Number: | CM15-0142369 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 11/07/2000 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 06/22/2015 |
| Priority: | Standard | Application Received: | 07/22/2015 |

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 50 year old male, who sustained an industrial injury on November 7, 2000, incurring low back injuries. He was diagnosed with lumbar sprain with disc bulging, herniation, radiating and neuritis. He underwent a surgical lumbar fusion. Treatments included anti-inflammatory drugs, physical therapy, pain medications, muscle relaxants, proton pump inhibitor, and activity restrictions. Currently, the injured worker complained of severe low back pain ran down the legs into the feet with stiffness, numbness and tingling. Upon examination, there were noted muscle spasms at the para lumbar muscles with restricted range of motion and neurological deficits. He was diagnosed with lumbar spondylosis and bilateral narrowing of the neural foramina. The treatment plan that was requested for authorization included one lumbar epidural steroid injection of the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar epidural steroid injection at L4-L5 of the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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 are no recent radiological and EMG/NCV studies supporting the diagnosis of radiculopathy at a specific level. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, 1 Lumbar epidural steroid injection at L4-L5 of the low back is not medically necessary.