

Case Number:	CM15-0167897		
Date Assigned:	09/08/2015	Date of Injury:	03/29/2011
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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 65 year old female, who sustained an industrial injury on March 29, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having low back pain, lumbar degenerative disc disease, lumbar post-laminectomy syndrome, lumbar radiculopathy, myalgia, numbness and chronic pain. Treatment to date has included diagnostic studies, surgery, back brace, physical therapy and medication. On July 21, 2015, the injured worker complained of persistent low back pain that had improved since prior evaluation. She noted that her right lower extremity symptoms had not changed, noting pain and numbness extend intermittently down the right leg as far as the toes. She also reported some numbness about the medial left thigh. The treatment plan included continued management by her surgeon and physician's office, possible additional imaging studies and restoration of function activities. A request was made for transforaminal lumbar epidural steroid injection L5 and S1 on the right with conscious sedation and fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection L5 and S1 on the right with conscious sedation and fluoroscopic guidance: 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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including recent MRI or EMG/NCV findings. The recent physical examination on 07/28/2015 did not document active radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, Transforaminal lumbar epidural steroid injection L5 and S1 on the right with conscious sedation and fluoroscopic guidance is not medically necessary.