

Case Number:	CM15-0168213		
Date Assigned:	09/08/2015	Date of Injury:	09/24/2012
Decision Date:	10/14/2015	UR Denial Date:	08/05/2015
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:

This 40 year old male sustained an industrial injury to the low back on 9-24-12. Previous treatment included physical therapy, chiropractic therapy, epidural steroid injections and medications. Documentation did not disclose recent magnetic resonance imaging. In a progress note dated 6-27-15, the injured worker complained of ongoing low back pain with radiation to the right lower extremity, rated 10 out of 10 on the visual analog scale without medications and 5 to 6 out of 10 with medications. The pain was associated with right leg numbness and weakness. The injured worker stated that previous epidural steroid injection at right L4-5 and L5-S1 had worn off. Physical exam was remarkable for lumbar spine with tenderness to palpation over bilateral paraspinal musculature with limited range of motion, negative lumbar facet loading maneuver bilaterally, positive right straight leg raise, decreased sensation in the right L4-5 and S1 distribution and decreased bilateral lower extremity deep tendon reflexes. Current diagnoses included lumbago, lumbar spine radiculopathy and lumbar spine spondylosis. The treatment plan included bilateral lumbar epidural steroid injections and continuing medications (Naproxen Sodium, Omeprazole, Tramadol, Duloxetine, Docuprene and Methoderm gel. Utilization Review noncertified the request for bilateral lumbar epidural steroid injections due to lack of documentation concerning the dates and neural levels of prior lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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's file does not document that the patient is candidate for surgery. There is no documentation that the patient has a 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, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for bilateral lumbar epidural steroid injection is not medically necessary.