

Case Number:	CM15-0021694		
Date Assigned:	02/11/2015	Date of Injury:	12/01/1989
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/05/2015

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, Michigan, 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 12/1/1989. The current diagnosis is lumbosacral radiculopathy. Currently, the injured worker complains of chronic low back pain. Current medications are Norco, Lidoderm patches, and Norflex. Physical examination of the lumbar spine reveals tenderness and spasm in the paravertebral musculature of the lumbar spine with decreased range of motion on flexion and extension. Treatment to date has included medications and epidural steroid injection (2012). The treating physician is requesting lumbar epidural steroid injection at L3-L4, which is now under review. On 1/16/2015, Utilization Review had non-certified a request for lumbar epidural steroid injection at L3-L4. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

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 The L3-L4: 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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). The patient was treated with at least with 2 epidural steroid injections, however there is no documentation of significant pain and functional improvement. Therefore, the request for 1 Lumbar Epidural Steroid Injection at the L3 - L4 is not medically necessary.