

Case Number:	CM15-0033180		
Date Assigned:	02/26/2015	Date of Injury:	10/03/2012
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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 10/3/12. On 2/23/15, the injured worker submitted an application for IMR for review of Lumbar ESI L4-L5 and L5-S1 with epidurogram # 3. The treating provider has reported the injured worker complained of pain has increased since the last two days due to cold weather after beneficial lumbar epidural steroid injection #2 on September 6, 2014. The diagnoses have included lumbar HNP L3-4, L4-5; lumbar radiculopathy. Treatment to date has included EMG/NCS bilateral lower extremities (11/16/12); lumbar MIR (11/27/12); physical therapy; chiropractic care; lumbar epidural steroid injections L4-5/L5-S1 (2/2014 and 9/6/14); medications. On 2/9/15 Utilization Review non-certified Lumbar ESI L4-L5 and L5-S1 with epidurogram # 3. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L4-L5 and L5-S1 with epidurogram # 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Lumbar ESI L4-L5 and L5-S1 with epidurogram # 3.

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 recent clinical and objective documentation of radiculopathy. The EMG/NCV study of bilateral lower extremities performed on November 16, 2012 was normal. In addition, there is no documentation of functional improvements or reduced medications use with previous L4-5/L5-S1 ESI (in February and September of 2014). MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Lumbar ESI L4-L5 and L5-S1 with epidurogram # 3 is not medically necessary.