

Case Number:	CM15-0033532		
Date Assigned:	02/27/2015	Date of Injury:	09/19/2013
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
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:

This 49 year old woman sustained an industrial injury on 9/19/2013. The mechanism of injury is not detailed. Current diagnoses include herniated nucleus pulposus, thoracic or lumbosacral neuritis or radiculitis, L3-L4 lumbar herniation, right lower extremity radiculopathy, lumbar facet hypertrophy, and L4-L5 mild central canal narrowing. Treatment has included oral medications, heat, ice pack, and physical therapy. Physician notes dated 2/11/2015 show continued complaints of low back pain rated 8/10. Recommendations include discontinuing Nucynta, trial Norco, refill other medications, consider Neurontin for the future, transforaminal epidural steroid injection to the right L5 as previously requested, consideration of spinal cord stimulator and/or intrathecal pump, hold off on medical branch block for now, back brace, and follow up in one month. On 2/12/2015, Utilization Review (UR) evaluated a prescription for right L5 transforaminal epidural steroid injection that was submitted on 2/24/2015. The UR physician noted there was no documentation of functional improvement identified from the last injection. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L5 transforaminal 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. There was no documentation of functional improvement or reduction in medication use with the ESI. In addition, there is no clear evidence from the physical examination of radiculopathy. There is no EMG study documenting radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for 1 right L5 transforaminal epidural steroid injection is not medically necessary.