

Case Number:	CM15-0033560		
Date Assigned:	02/27/2015	Date of Injury:	10/18/2013
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
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 51-year-old male who sustained an industrial related injury on 10/18/13. The injured worker had complaints of neck pain that radiated to the left forearm and hand with numbness in the left forearm and third, fourth, and fifth digits of the left hand. Low back pain associated with spasms that radiated to the right buttock and posterior leg with numbness and tingling in the right toes was also noted. Diagnoses included cervical spondylosis C4-5 with moderate right foraminal stenosis, thoracic strain, lumbar strain, and degenerative discs with disc protrusions L3-S1. Treatment included a cervical epidural block under fluoroscopy on 7/23/14 and physical therapy. The treating physician requested authorization for a right lumbar epidural injection under fluoroscopy at the right L5-S1 levels. On 1/30/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was a lack of documentation with sufficient evidence of recent tried and failed conservative treatment. Official imaging studies or electrodiagnostic testing to corroborate radiculopathy to the lumbar spine were also not provided. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar epidural injection under fluoroscopy right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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 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 Right lumbar epidural injection under fluoroscopy right L5-S1 is not medically necessary.