

Case Number:	CM15-0034920		
Date Assigned:	03/03/2015	Date of Injury:	04/14/2010
Decision Date:	04/13/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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 55-year-old female, who sustained an industrial injury on 04/14/2010. She has reported subsequent neck and back pain and was diagnosed with lumbago, chronic pain syndrome, cervicgia and cervical disc degeneration. Treatment to date has included oral and topical pain medication, bracing, lumbar transforaminal epidural steroid injection and surgery. In a progress note dated 12/10/2014, the injured worker complained of left buttock pain. Objective physical examination findings were notable for tenderness over the left GTB reproducing pain. A request for authorization of lumbar epidural steroid injection was made. On 01/26/2015, Utilization Review non-certified a request for a lumbar epidural steroid injection to L4-L5 and L5-S1 on date of service 11/21/2014, noting that there was no evidence of radiculopathy and no evidence of significant neural foraminal narrowing or canal stenosis. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Lumbar Epidural Steroid Injection to L4-5, L5-S1, (DOS 11/21/2014):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

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 recent clinical and objective documentation of radiculopathy. There are no MRI or EMG reports supporting the diagnosis of active radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Retrospective: Lumbar Epidural Steroid Injection to L4-5, L5-S1 is not medically necessary.