

Case Number:	CM15-0036463		
Date Assigned:	03/05/2015	Date of Injury:	07/08/2004
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/26/2015

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 43 year old male with an industrial injury dated July 8, 2004. The injured worker diagnoses include chronic lumbar spondylosis with right radiculopathy, lumbar disc displacement and status post laminectomy and discectomy. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, lumbar epidural injection on 5/9/2014 and periodic follow up visits. According to the most recent progress note dated 5/9/2014, the injured worker reported increased back pain radiating to the right leg, down the foot with numbness. Lumbar spine exam revealed reversal of lumbar lordosis, healed incision, and pain with range of motion. Sensory evaluation revealed paresthesia in the lateral aspect of the leg and dorsum of the foot. There was positive straight leg raise at 60 degrees with pain in the right buttock and proximal thigh. The treating physician prescribed services for lumbar epidural injection L4-L5. Utilization Review determination on denied the request for lumbar epidural injection L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection L4-L5: 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. Furthermore, there is no documentation of pain relief, decrease in medication usage, and/or functional improvement with previous lumbar epidural steroid injection done on May 9, 2014. In addition, there is no recent clinical and objective documentation of radiculopathy. There is 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 Lumbar epidural injection L4-L5 is not medically necessary.