

Case Number:	CM15-0037886		
Date Assigned:	03/06/2015	Date of Injury:	02/03/2014
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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 67-year-old female, who sustained an industrial injury on February 3, 2014. The injured worker had sustained a thoracic twelve fracture. The diagnoses have included lumbar spinal stenosis (right lumbar five foraminal and lumbar two-lumbar three foraminal), thoracic twelve fracture and low back pain. Treatment to date has included medications, radiological studies, cold packs, chiropractic treatments, aquatic therapy, physical therapy and a lumbar two-lumbar three epidural steroid injection. The lumbar transforaminal epidural steroid injection was noted to have significantly alleviated the back pain. Current documentation dated January 19, 2015 notes that the injured worker complained of constant low back pain rated at a six out of ten on the Visual Analogue Scale. Physical examination findings were normal. The treating physician recommended a transforaminal epidural steroid injection given the injured worker had significant improvement with the prior injection. On February 12, 2015 Utilization Review non-certified a request for a transforaminal epidural steroid injection to the right lumbar five-sacral one level. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection, Right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) 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. Furthermore, the patient file does not document that the patient is candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. There is no documentation that the patient have a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). MTUS guidelines, recommended repeat epidural injection is considered only if there is at least 50% pain improvement after the first injection for at least 6 to 8 weeks. The patient did not fulfill criteria. Therefore, Transforaminal lumbar epidural steroid injection right L5-S1 is not medically necessary.