

Case Number:	CM15-0042061		
Date Assigned:	03/12/2015	Date of Injury:	08/08/2008
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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 year old male sustained a work related injury on 08/08/2008. According to a progress report dated 01/09/2015, the injured worker was seen in follow-up regarding low back pain, right leg pain and numbness that went to his foot. Since the last office visit, he presented with increased low back pain. The injured worker felt that the epidural steroid injection on 10/03/2014 had worn off. He complained of constant stabbing pain localized at the right back. Pain was rated 8-9 on a scale of 1-10. He also complained of constant radiating pins and needles sensation down the bilateral lower extremities to toes, worse on the right. Diagnoses included bilateral L5 pars defect, lumbar radiculopathy and stenosis at L4-5 and L5-S1. Treatment plan included Gabapentin, Orphenadrine, Nabumetone, transforaminal epidural steroid injection on the right side at L5 for diagnostic and therapeutic reasons and a follow-up 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection on right side L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs).

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 has 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, the request for Transforaminal lumbar epidural steroid injection at the right side L5 is not medically necessary.