

Case Number:	CM15-0046137		
Date Assigned:	03/18/2015	Date of Injury:	08/16/2014
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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 35-year-old male sustained an industrial injury to the back on 8/16/14. The injured worker was diagnosed with lumbosacral sprain/strain with radiculopathy. Previous treatment included magnetic resonance imaging, electromyography/nerve conduction velocity test, physical therapy, heat, ice, activity modifications and medications. In a PR-2 dated 1/27/15, the injured worker complained of severe low back pain, rated 8-9/10 on the visual analog scale, with radiation into the buttocks, hip, leg, knee, ankle and foot. The physician noted that electromyography/nerve conduction velocity test (1/15/15) was positive for chronic right S1 radiculopathy. Physical exam was remarkable for lumbar spine tenderness to palpation with limited range of motion. Current diagnoses included lumbar strain, right lower extremity numbness with L4-5 annular tear, L3-4 retrolisthesis and chronic right S1 radiculopathy. The physician noted that the injured worker was a candidate for right L4-5 and L5-S1 epidural steroid injections due to recent electromyography/nerve conduction velocity test results. Additional treatment plan included medications (Norco, Neurontin and Motrin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Epidural Steroid Injection times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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 evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy. The patient's physical examination findings were not compatible with a lumbar radiculopathy and did not correlate with the EMG/NCV study findings, performed on January 15, 2015. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Right L5-S1 Epidural Steroid Injection times 3 is not medically necessary.