

Case Number:	CM15-0047760		
Date Assigned:	03/19/2015	Date of Injury:	04/17/2007
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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 28 year old female, who sustained a work/ industrial injury on 4/17/07. She has reported initial symptoms of back pain and weakness. The injured worker was diagnosed as having degenerative disc disease and spinal stenosis; recurrent right lumbar radiculopathy s/p interlaminar decompression. Treatments to date included medication, epidural steroid injections, and physical therapy. Magnetic Resonance Imaging (MRI) demonstrated post operative changes on the right at L4-5. There was no neural foraminal encroachment. The electromyogram was unremarkable. Currently, the injured worker complains of pain down the right leg and atrophy of the right buttock. The treating physician's report (PR-2) from 2/16/15 indicated the exam noted subjective weakness of the right plantar flexor, mild straight leg raise. The impression was persistent right lumbar radiculitis with mildly positive postoperative Magnetic Resonance Imaging (MRI) scan. Prior epidural injections were performed. Medications included Ibuprofen and topical cream. Treatment plan included a Lumbar Epidural Steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid injection: 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, 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). The patient did not fulfill criteria. Therefore, the request for Lumbar Epidural Steroid injection is not medically necessary.