MAXIMUS Federal Services

Case Number:	CM15-0048358		
Date Assigned:	03/20/2015	Date of Injury:	04/25/2012
Decision Date:	05/05/2015	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 41-year-old male, with a reported date of injury of 04/28/2012. The diagnoses include lumbar spine radiculopathy, abnormal posture with guarding of the lower back, lumbar discogenic pain, lumbar herniated nucleus pulposus disc, and lumbar facet arthropathy. Treatments to date have included oral medications, and transforaminal epidural steroid injection in the lumbar spine on 11/05/2014. The progress report dated 02/03/2015 indicates that the injured worker complained of low back pain. He rated his current pain 8 out of 10, his worse pain over the past week was 10 out of 10, and his pain when taking medication was rated 8 out of 10. He reported difficulties with activities of daily living, difficulty walking/ running, and low back stiffness. The objective findings include limited lumbar range of motion, moderate tight band, spasm, hypertonicity, and tenderness along the bilateral lumbar spine, and positive straight leg raise test. The treating physician requested a transforaminal lumbar epidural steroid injection at the bilateral L4-5 and L5-S1 since the injured worker received tremendous pain relief from the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection at bilateral L4-L5 and bilateral L5-S1:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM 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). The patient did not fulfill criteria. Therefore, the request for Transforaminal lumbar epidural steroid injection at bilateral L4-L5 and bilateral L5-S1 is not medically necessary.