

Case Number:	CM15-0050153		
Date Assigned:	03/23/2015	Date of Injury:	09/03/1995
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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 49 year old male, who sustained an industrial injury on September 3, 1995. The injured worker was diagnosed as having lumbago and lumbar/thoracic radiculopathy, and lumbar post laminectomy syndrome. Treatment to date has included lumbar spine surgery, epidural steroid injection (ESI), spinal cord stimulator, lumbar spine CT, physical therapy, and medication. Currently, the injured worker complains of lower back pain radiating down the bilateral lower extremities. The Treating Provider's report dated January 20, 2015, noted the injured worker status post bilateral L4-L5 epidural steroid injection (ESI) with 50% relief, using the spinal cord stimulator with great relief. The lumbar spine was noted to have paravertebral muscle spasm and midline tenderness, with decreased range of motion (ROM) and increased pain with range of motion (ROM). The Physician noted the request for authorization for approval of another transforaminal epidural steroid injection (ESI) at L4-L5 for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Bilateral tranforaminal ESI x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)

Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back, Criteria for use of 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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no clear documentation of radiculopathy at the level of L4-L5. There is no documentation of the efficacy of previous epidural injection. Therefore, L4-L5 Bilateral transforaminal ESI x2 is not medically necessary.