

Case Number:	CM15-0055193		
Date Assigned:	03/30/2015	Date of Injury:	05/28/2014
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/23/2015

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 46 year old male, who sustained an industrial injury on 5/28/14. He reported low back pain. The injured worker was diagnosed as having lumbar radiculopathy and multilevel disc herniation of the lumbar spine with severe neural foraminal narrowing. Treatment to date has included a lumbar epidural injection on 1/23/15 that provided 50% pain relief, physical therapy, and chiropractic treatment. An electromyogram performed on 7/11/14 was noted to have revealed pre-ganglionic lesions such as poly-radiculopathy and radiculitis or motor nerve disease. Currently, the injured worker complains of low back pain with radiation of pain and numbness down the left lower extremity. The treating physician requested authorization for left transforaminal epidural steroid injection at L3, L4, and L5 levels under fluoroscopic guidance. The treating physician noted the requested treatment was necessary to relieve the effects from the injured worker's industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Steroid Injection, (lumbar) L3, L4, and L5 levels under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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). The patient did not fulfill criteria. Therefore, the request for Left Transforaminal Epidural Steroid Injection, (lumbar) L3, L4, And L5 levels under fluoroscopic guidance is not medically necessary.