

Case Number:	CM15-0087172		
Date Assigned:	05/11/2015	Date of Injury:	09/27/1998
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/05/2015

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, Alabama, 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 60 year old male, who sustained an industrial injury on 9/27/1996. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc degeneration, lumbar stenosis and cervical disc degeneration. There is no record of a recent diagnostic study, but prior studies revealed lumbosacral disc bulging. Treatment to date has included epidural steroid injection and medication management. In a progress note dated 4/3/2015, the injured worker complains of low back pain with bilateral lower extremities symptoms with left being greater than right. The treating physician is requesting lumbar 5-sacral 1 epidural steroid injection, lumbar epidurogram, fluoroscopic guidance and intravenous sedation. Documentation states the injured worker has underwent one prior epidural steroid injection with excellent benefit on 9/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar epidural steroid injection to include each additional level, lumbar epidurogram, fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Criteria for the use of Epidural steroid injections. Decision based on

Non-MTUS Citation Institute for Clinical Systems Improvement, Basic Health Assessment Applications.

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. 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, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for L5-S1 lumbar epidural steroid injection to include each additional level, lumbar epidurogram, fluoroscopic guidance and IV sedation is not medically necessary.