

Case Number:	CM15-0088823		
Date Assigned:	05/13/2015	Date of Injury:	03/20/2002
Decision Date:	06/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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 53 year old male, who sustained an industrial injury on March 20, 2002. He reported low back pain with radiating pain to the left leg and associated left upper lateral and bilateral feet numbness and tingling. The injured worker was diagnosed as having low back pain, sacroiliac joint pain, lumbar degenerative disc disease, muscle pain, shoulder pain and chronic pain syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical fusion of the lumbar spine, conservative care, medications, back orthotics, epidural injections and work restrictions. Currently, the injured worker complains of continued low back pain with radiating pain to the left leg and associated left upper lateral and bilateral feet numbness and tingling. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted he suffered with neuropathic pain and had failed multiple oral neuropathic medication trials. Radiographic imaging in 2012 revealed lumbar disc bulges. He reported benefit with previous steroid injections. Electrodiagnostic studies were consistent with radiculopathy. Evaluation on April 2, 2015, revealed continued pain as noted. He reported the use of patches and sleep aides were beneficial. Epidural steroid injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal Epidural steroid injection, Sacroiliac S1, under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Sedation.

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 had 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). It is not clear from the objective findings that radiculopathy is present and the requested injection sites. Therefore, the request for Bilateral transforaminal Epidural steroid injection, Sacroiliac S1, under fluoroscopic guidance and conscious sedation is not medically necessary.