

Case Number:	CM15-0088873		
Date Assigned:	05/13/2015	Date of Injury:	02/04/2010
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
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 57 year old male with an industrial injury dated 02/04/2010. His diagnoses included cervical radiculopathy, lumbar/sacral radiculopathy, thoracic pain and lumbar spondylosis. Prior treatment included physical therapy, injections, massage therapy, chiropractor, ice heat, acupuncture, epidural steroid injections and medications. Consults included acupuncturist, anesthesiologist, pain physician, ophthalmologist, physical therapist, psychologist, dentist and plastic surgeon. He presents on 04/08/2015 for follow up with complaints of bilateral posterior leg pain that radiates from his low back. He rates his pain as 4/10 on the date of the exam. His average pain is 4/10, highest pain is 7/10 and lowest pain is 3/10. Physical exam noted mild decrease in range of motion with extension of the lumbar spine. Motor and sensory exam were normal in bilateral lower extremities. Straight leg raise test was negative. The provider documented the injured worker was having more radicular pain into his lower extremities and had disc bulges at lumbar 3-4 and lumbar 4-5. Treatment plan included lumbar epidural steroid injection, medications and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Series of 3: Upheld

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

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 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 does not recommend epidural injections for back pain without radiculopathy (309). In this case, there is no recent clinical and objective documentation of radiculopathy. The MRI performed on November 18, 2014 failed to show a pathology consistent with radiculopathy at the requested injection levels. In addition, MTUS guidelines, recommended repeat epidural injection only if there is at least 50% pain improvement after the first injection for at least 6 to 8 weeks. Therefore, the request for Lumbar Epidural Steroid Injection Series of 3 is not medically necessary.