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| Case Number: | CM14-0115750 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 12/22/2013 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old man who sustained a work-related injury on December 22, 2013. Subsequently, he developed chronic back pain. According to a progress note dated June 5, 2014, the patient complains of low back pain as well as radicular leg pain. He relates that pain levels are moderate to severe in nature, graded at 8/10 and occur continuously. His physical examination demonstrated lumbar tenderness with reduced range of motion. Toe and heel walking demonstrated full strength bilaterally. Lumbar myotomes demonstrated slight weakness on right hip flexion graded at 4/5. All remaining segmental levels on the right demonstrated full strength graded at 5/5. Hip flexion on the left demonstrated more obvious weakness graded at 3+/5. All remaining segmental levels on the left were in full strength graded 5/5. Reflexes were within normal limits in the lower extremities bilaterally, +2. Sensory examination was within normal limits upon light touch in the lower extremities bilaterally. MRI of the lumbar spine dated February 17, 2014 showed multilevel discogenic spondyloarthropathy, multifactorial mild to moderate acquired central canal spinal stenosis L4-5, bilateral mild L5-S1 foraminal stenosis and multifactorial mild acquired central spinal stenosis L3-4. The patient was diagnosed with lumbar sprain/strain and lumbosacral radiculitis/neuritis. The patient has participated in the authorized 6 acupuncture treatments. Initially, the acupuncture treatment resulted in reduction in pain as well as reduction in the radicular component. Later, the pain has returned and worsened. The patient has also failed physical therapy, chiropractic, and exercises. The provider requested authorization for Series of 3 Lumbar Epidural Steroid Injection to L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three Lumbar Epidural Steroid Injection to L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend Epidural Injections for back pain without radiculopathy (309). MTUS guidelines do not recommend more than 2 injections if used for diagnostic purpose. There is no justification for repetitive epidural injections without documentation of previous injections. Planning for series of 3 Epidural Injections is not justified as there is no markers or factors that predict the efficacy of the first injection to justify the second injection and factors that predict the efficacy of the second injection to justify a third one. Therefore, Series of 3 Lumbar Epidural Steroid Injection to L4-5, L5-S1 is not medically necessary.