

Case Number:	CM14-0116010		
Date Assigned:	08/04/2014	Date of Injury:	08/16/2003
Decision Date:	12/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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 woman who sustained a work-related injury on August 16, 2003. Subsequently, the patient developed with chronic back pain. According to a progress report dated on June 16, 2014, the patient was complaining to of the chronic back pain radiating to both legs with a pain severity is rated 7-8/10. The patient physical examination demonstrated the lumbar tenderness with reduced range of motion. The patient MRI demonstrated the degenerative disc disease with disc bulging at L4-L5 with central stenosis. The provider requests authorization for lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection at bilateral L5-S1: 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 clear recent clinical neurophysiologic and radiological evidence of radiculopathy. Therefore, the Transforaminal Lumbar Epidural Steroid Injection at bilateral L5-S1 is not medically necessary.