

Case Number:	CM14-0163664		
Date Assigned:	10/08/2014	Date of Injury:	11/05/1992
Decision Date:	11/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/06/2014

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 50-year-old man with sustained a work-related injury on November 5, 1992. Subsequently, he developed chronic back pain. The patient was treated with a lumbar epidural steroid injection on May 11, 2009 with transitory relief, another epidural injection was done on November 29, 2012 which improved the leg pain, lumbar epidural steroid injection administered on October 24, 2013 with 80% improvement in pain that lasted 2 weeks and a bilateral S1 epidural injection performed on May 20/9/2014 which showed mild improvement of the pain. The patient was treated with Celebrex, Tylenol with Codeine, Lisinopril, Metformin and blood pressure medications the patient was also treated with Nucynta. The patient had an MRI of the lumbar spine performed on July 15, 2012 that demonstrated disc bulging at L4-L5 and L5-S1. According to a progress report dated on July 2, 2014, the patient was complaining of low back pain and left knee pain. The pain was rated 8/10. The patient physical examination demonstrated decreased sensation along the S1 bilaterally. The patient was diagnosed with lumbar radiculopathy and facet syndrome. The provider requested authorization for bilateral L5 epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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. There is no clear and recent documentation of failure of oral pain medications. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). The patient had several lumbar epidural injections without clear sustained benefit. Therefore, the request for bilateral L5 transforaminal epidural injection under fluoroscopic guidance is not medically necessary.