

Case Number:	CM14-0184829		
Date Assigned:	11/12/2014	Date of Injury:	09/20/2006
Decision Date:	12/19/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/06/2014

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 man 51 year old who sustained a work-related injury on September 20 2006. Subsequently, the patient chronic back pain. The disease, lumbar spine performed on August 25, 2015 demonstrated the degenerative disc disease. The patient was diagnosed with the multilevel degenerative disc disease of the lumbar spine. According to a progress report dated October 28, 2014, the patient was complaining of low back pain radiating to both lower extremities. The pain severity was rated 8/10. The patient was previously treated lumbar epidural injections with improvement of pain for 2-4 months. No details the patient physical examination was provided. The provider request authorization for lumbar epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal L4-5 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs)..

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 log

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, radiological and neurophysiological evidence of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Bilateral Transforaminal L4-5 Epidural Steroid Injection is not medically necessary.