

Case Number:	CM14-0201846		
Date Assigned:	12/12/2014	Date of Injury:	10/29/2003
Decision Date:	01/30/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 64 year old woman who sustained a work-related injury on October 29 2003. Subsequently, the patient developed a chronic back pain. According to a progress report dated on October 7 2014, the patient was complaining of ongoing back pain which improved from a previous injection. The patient physical examination demonstrated lumbosacral tenderness with reduced range of motion. Her MRI of the lumbar spine performed on October 15 2014 demonstrated multilevel degenerative disc disease. The patient was treated with multiple epidural injections without documentation of their outcomes. The provider requested authorization for lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Interlaminar epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), 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 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 evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or Electromyography (EMG)/Nerve Conduction Velocity (NCV) findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There no documentation of the level of lumbar injection requested. Therefore, Lumbar Interlaminar epidural injection is not medically necessary.