

Case Number:	CM14-0206044		
Date Assigned:	12/18/2014	Date of Injury:	05/28/2014
Decision Date:	02/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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 46-year-old man who sustained a work-related injury on May 28, 2014. Subsequently, the patient developed chronic low back pain. Prior treatments included: medications, physical therapy, and epidural steroid injection on October 3, 2014. MRI of the lumbar spine, dated July 2, 2014 showed central/left paracentral disc extrusion at L1-2, which resulted in severe spinal canal stenosis with compression of the conus medullaris. EMG/NCV of the bilateral lower extremities dated July 11, 2014 documented preganglionic lesions such as poly-radiculopathy and radiculitis or motor nerve disease. According to the progress report dated October 22, 2014, the patient noted noticeable improvement from the ESI. He reported 25% improvement in the pain. Examination of the lumbar spine revealed no tenderness or spasm with lumbosacral palpation from L1 to the sacrum, bilaterally. Range of motion was 80% with pain at the extremes of motion. Straight leg raising caused back pain bilaterally. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Motor strength was 5/5. Deep tendon reflexes were 2/4 bilaterally. Babinski sign test, Hoffmann sign test, and Clonus test were negative. The progress report dated November 19, 2014, documented that the patient complained of low back pain and slight pain and tingling in the left thigh. The patient was taking Flexeril with no significant relief. The patient decided to have a second epidural injections; however, he was denied pending request of additional information. The patient was diagnosed with multilevel disc herniation with positive EMG testing. The provider requested authorization for bilateral lumbar epidural steroid injection, at L1-2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at The L1-2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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, the patient had only 25% improvement from a previous ESI. There is no documentation that the patient is suffering of lumbar radicular neuropathy at the L1-L2 level, the requested levels for injection. Therefore, bilateral lumbar epidural steroid injection, at L1-2 is not medically necessary.