

Case Number:	CM14-0212749		
Date Assigned:	12/30/2014	Date of Injury:	06/22/2012
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 June 22, 2012. Subsequently, the patient developed low back pain. According to a follow-up report dated November 17, 2014, the patient reported more low back pain. It goes around from his back and then goes down to his leg, consistent with the L3-type nerve distribution. The patient has been getting epidural steroid injections between L2 and L3. The patient does have a far lateral disc herniation but it was very mild. Upon physical examination, the patient had a lot of weakness in his left leg. The patient had not experienced this type of weakness before in the past. The weakness was in his hip flexor and his knee extensor off to the left hand side. He also had radiating pain going down into his leg. The patient was diagnosed with status post right ACL reconstruction and left L3 radiculopathy. The provider requested authorization for Consult and treatment w/ pain management for L2-3 left transforminal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and treatment w/ pain management for L2-3 left transforminal ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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 evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including recent EMG and MRI findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, Consult and treatment w/ pain management for L2-3 left transforminal ESI is not medically necessary.