

Case Number:	CM14-0213315		
Date Assigned:	12/30/2014	Date of Injury:	10/14/2011
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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 54-year-old woman who sustained a work-related injury on October 14, 2011. Subsequently, the patient developed chronic low back pain. According to a follow-up report dated November 25, 2014, the patient has had ongoing pain complaints in her leg but reported in this visit an increase in pain both in her heel and in the ball of her foot. Examination suggested possible increase in plantar fascial tension and a possible heel spur, but could also be related to the radiculopathy as she has altered sensibility with a positive straight leg raise. The patient had completed the HELP interdisciplinary functional restoration program in January of 2013, but was unable to return to work. She described intermittent leg and back pain. On exam, the patient continued to have positive slump test, positive straight leg raise, positive reflex diminution, sensory changes, and tenderness in the left heel. There was MRI evidence of foraminal impingement at the left L5 root sleeve. The patient was diagnosed with low back pain, degeneration of lumbar disc, opioid dependence, and sciatica. The most recent epidural steroid injection was performed in March 2014 and had approximately 4 months of improved pain relief. The patient described approximately 80% reduction in her leg to foot pain symptoms and a 60% reduction in her low back pain symptoms. The provider requested authorization lumbar epidural steroid injection x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection x2: 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 (ESI) 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. The patient's last ESI was performed in March of 2014, yet the patient still complained of numbness and tingling in the right leg with low back pain. In addition, there was no clear evidence from the physical examination of radiculopathy. There was no EMG study documenting radiculopathy. MTUS Guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar Epidural Steroid Injection is not medically necessary.