

Case Number:	CM14-0215064		
Date Assigned:	01/02/2015	Date of Injury:	04/30/2012
Decision Date:	02/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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 57 year old man who sustained a work-related injury on April 20 2012. Subsequently, the patient developed a chronic back pain for which he was treated with medications and lumbar epidural injection and lumbar fusion. According to a progress report dated on December 2 2014, the patient was complaining of low back pain with weakness. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. The provider requested authorization for left S1 injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left S1 transforaminal/caudal epidural steroid injection with IV sedation and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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. There is no recent clinical and objective documentation of radiculopathy. The patient is not candidate for surgery. The MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no documentation of significant efficacy of previous epidural injection performed on 2012. Therefore, Outpatient left S1 transforaminal/caudal epidural steroid injection with IV sedation and fluoroscopy is not medically necessary.