

Case Number:	CM15-0005018		
Date Assigned:	01/16/2015	Date of Injury:	08/18/1995
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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 injured worker is a 65, year old female, who sustained an industrial injury on 8/18/1995. She has complaints of intractable low back pain and right leg pain, right worse than the left. She reports her pain is sharp, shooting, stabbing and burning in nature and is associated with stiffness and muscle spasms of the lumbar spine area and radiates into right lower extremity. She reports pain worsens on prolonged sitting, standing and walking for more than 30 minutes and has buckling of the right leg after walking for more than 2 blocks. The diagnoses have included right lumbar radiculopathy with neuroclaudication; lumbar degenerative disc disease; herniated nucleus pulposus, lumbar spine and failed conservative therapies for pain control (physical therapy modalities, chiropractic treatment, Non-Steroidal Anti-Inflammatory Drugs and muscle relaxants) for more than twelve weeks. Treatment to date has included physical therapy modalities, anti-inflammatory medications, muscle relaxants and chiropractic treatments for more than 12 weeks in the past. She did have a transforaminal lumbar epidural steroid injection 7/22/14 and provided relief with 60% for 4 months and improvements and activities of daily living and function. According to the utilization review performed on 12/29/2014, the requested Right Lumbar Transforaminal Epidural Steroid Injection has been non-certified. CA MTUS Chronic Pain Medical Treatment Guidelines and Epidural Steroid Injections Guidelines/References used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. The patient file does not document that the patient is candidate for surgery. In addition, documentation does not contain objective findings on examination an recent electrodiagnostic study to support the presence of radiculopathy. Furthermore, despite the ESI administered on July 22, 2014 (the patient reported a 60% relief for 4 months), the progress report dated December 19, 2014 stated that the patient continued to be prescribed high-dose opioid analgesics and muscle relaxants. There is no evidence of any improved function, return to work, or increased tolerance for ADLs. Therefore, Right Lumbar Transforaminal Epidural Steroid Injection is not medically necessary.