

Case Number:	CM15-0008059		
Date Assigned:	01/23/2015	Date of Injury:	08/25/2008
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/14/2015

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 was a 61 year old male, who sustained an industrial injury, August 25, 2008. The injured worker's chief complaint was pain in the lumbar spine radiating down the right leg with difficulty walking. The injured worker was diagnosed with myoligamentous strain of the lumbar spine with mild central, L4-L5 disc budge, lumbar radiculopathy, canal stenosis and sprain/strain of ankles. The injured worker had supportive treatment of 3 epidural steroid injections last on November 3, 2014, status post lumbar surgery with L4-5 fusion on August 10, 2010 home exercise program and pain medications. According to the progress note of June 18, 2014, the injured worker underwent electromyography/Nerve conduction studies, on December 14, 2012, which showed neuropathy changes at L5-S1 distribution. On November 13, 2014, the treating physician requested 1 bilateral L4-L5 transforaminal Epidural injection, for pain in the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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 medical record dated December 5, 2014 did not document pain and functional improvement in response to the bilateral L4-5 transforaminal epidural steroid injection performed on November 3, 2014. There is no clear clinical and objective documentation of radiculopathy . MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, Bilateral L4-L5 Transforaminal Epidural Injection is not medically necessary.