

Case Number:	CM15-0012730		
Date Assigned:	01/30/2015	Date of Injury:	08/25/2014
Decision Date:	03/27/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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 55 year old female, who sustained a work related injury on 8/25/14. The diagnoses have included bilateral facet arthropathy in lumbar spine, lumbar strain/sprain, chronic low back pain, and mechanical discogenic low back pain with stenosis. Treatments to date have included MRI lumbar spine, electrodiagnostic study, 6 acupuncture sessions, 9 physical therapy sessions, and TENS unit therapy. In the PR-2 dated 12/8/14, the injured worker complains of severe low back pain. She has pain that radiates down both legs. She rates the pain a 5-6/10. She has decreased range of motion in lower back. . On 12/18/14, Utilization Review non-certified a request for lumbar epidural injection at L4-5. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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 are no clinical examination findings to specifically suggest radiculopathy at the L4-5 level. There is no imaging or electrodiagnostic study corroborating a radiculopathy at the requested level. EMG/NCV performed on November 21, 2014 revealed no abnormal spontaneous potentials on EMG. Therefore, Lumbar epidural injection at L4-L5 is not medically necessary.