

Case Number:	CM15-0110547		
Date Assigned:	06/17/2015	Date of Injury:	01/06/2013
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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, Alabama, 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 25 year old female, who sustained an industrial injury on 1/6/13. The injured worker was diagnosed as having (HNP) herniated nucleus pulposus without myelopathy of lumbar spine, lumbar spondylosis without myelopathy, lumbosacral disc degeneration, left radiculitis and tobacco use disorder. Treatment to date has included lumbar microdiscectomy, physical therapy, oral medications including Lyrica, Neurontin and Subutex, lumbar epidural steroid injections and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 5/7/15 revealed annular tear at L4-5 and the protrusion appears to be different from prior exam, likely representing disc protrusion after microdiscectomy, hemilaminectomy changes are noted. Currently, the injured worker complains of aching, throbbing, stabbing, burning, numbing and tingling back pain with radiation to legs, especially left. She rates the pain and 10/10 without medications and 5/10 with medications. Subutex improves the pain by 30%. It is noted previously she had two epidural steroid injections which were not effective. Physical exam noted tenderness to palpation of paraspinous and SI joint with mild spasm and restricted range of motion due to pain. The treatment plan included continuation of physical therapy, continuation of oral medications, consideration of facet versus SI joint workup and consideration of epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 transforaminal ESI (epidural steroid injection) with imaging guidance in moderate sedation services: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections 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 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 evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Left L5 transforaminal ESI with imaging guidance in moderate sedation services is not medically necessary.