

Case Number:	CM15-0112875		
Date Assigned:	06/19/2015	Date of Injury:	02/01/2015
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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 46-year-old female, with a reported date of injury of 02/01/2015. The diagnoses include lumbosacral spondylosis, back pain, and thoracic or lumbar radiculitis. Treatments to date have included oral medications, physical therapy, and an MRI of the lumbar spine on 03/24/2015. The medical report dated 05/04/2015 indicates that the injured worker had back pain. It was noted that the problem was worsening. The pain radiated to the right calf, right foot, and right thigh. It was noted that the injured worker continued to have 8 out of 10 back pain and 9 out of 10 right leg pain. It was also noted that physical therapy helped 10%, but also aggravated the pain. The objective findings include extremity weakness, numbness in the extremities, back pain, tenderness of the paraspinal, positive right straight leg raise test, decreased knee extension, diminished sensation of the right thigh, calf, and dorsum of the foot, and an antalgic gait. The treating physician requested two epidural steroid injections at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-L5 and L5-S1 Qty:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 ESI 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 does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Epidural steroid injection at L4-L5 and L5-S1 Qty:2 is not medically necessary.