

Case Number:	CM15-0121026		
Date Assigned:	07/01/2015	Date of Injury:	04/12/2013
Decision Date:	07/30/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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 31-year-old male, who sustained an industrial injury on 4/12/13. Initial complaints were low back and shoulder injury. The injured worker was diagnosed as having right shoulder injury status post-surgery; chronic lumbar radiculopathy. Treatment to date has included status post shoulder arthroscopy with decompression/debridement and distal clavicle resection (11/2014); physical therapy; medications. Diagnostic studies included a MRI lumbar spine (5/23/14); x-rays lumbar spine flexion/extension (10/6/14); x-ray lumbar spine (4 views) (12/12/14). Currently, the PR-2 notes dated 5/8/15 indicated the injured worker is a included status post shoulder arthroscopy with decompression/debridement and distal clavicle resection. The injured worker reports another provider injected the shoulder with one-day relief and will follow-up with that provider on 6/1/15. The provider reports he sees no evidence of instability on radiographs and his MRI of the lumbar spine does not show any disc degeneration or significant stenosis. The injured worker reports he is getting some benefit from physical therapy. The provider does not recommend surgery, as the disks look healthy and there is no neurologic compression. He does have some elongation of the pars and would probably benefit from L5 transforaminal steroid injections. The injured worker responds indicting the other provider recommended surgery and is wanting additional CT scans done and those are pending. The MRI of the lumbar spine dated 5/23/14 shows elongation of the bilateral pars interarticularis at L5-S1 The report notes there is no definitive fracture visualized but there is suggestion of perhaps minimal spondylolisthesis. There is no evidence of overt neurologic compression. The provider's treatment plan included bilateral transforaminal lumbar epidural steroid injection at L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Lumbar Epidural Steroid Injection - L5: 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. 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 Bilateral Transforaminal Lumbar Epidural Steroid Injection - L5 is not medically necessary.