

Case Number:	CM15-0125995		
Date Assigned:	07/10/2015	Date of Injury:	11/10/2010
Decision Date:	08/06/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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 54 year old male who sustained an industrial injury on 11/10/10. Primary treating physician's progress report dated 5/12/15 reports continue complaints of constant severe lower back pain radiating into the left leg with numbness, weakness and tingling which is getting worse. Pain increases with prolonged sitting, standing, walking, lifting, carrying, bending and twisting. Post lumbar steroid epidural injection provided very slight temporary relief. Left knee and left foot pain is constant, moderate and is worse with weight bearing activities. Left shoulder pain has been decreased by the cortisone injection. Without pain medication the pain is rated 9/10 and with medication, 6/10. Diagnoses included: fracture proximal left tibia and fibula, status post left knee MUA, arthroscopy repair, herniated lumbar disc with radiculopathy, left shoulder tendinitis and impingement, sprain of left hand, internal derangement left knee, ACL instability and left ankle strain. Plan of care includes: continue request for hylagan injections times 4 to left knee, EMG/NCV bilateral lower extremity, lumbar discogram, and refill medications. Work status is remain off work, temporary and totally disabled until 7/14/15. Follow up on 7/7/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection level L4-5, L5-S5 times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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. Furthermore, the patient's file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Lumbar Epidural Steroid Injection level L4-5, L5-S5 is not medically necessary.