

Case Number:	CM15-0026129		
Date Assigned:	02/18/2015	Date of Injury:	07/16/2012
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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, 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 an industrial injury on 7/16/2012. The diagnoses have included lumbar radiculopathy, spondylosis and spondylolisthesis. Treatment to date has included medications and physical therapy. Lumbar magnetic resonance imaging (MRI) dated 9/30/2013 revealed a posterior broad disc protrusion eccentric to the right with spur ion the level of L5-S1 with bilateral moderate to severe foraminal stenosis, probably indenting both L5 exiting nerve roots. There was no thecal sac stenosis. She is status post L5-S1 transforaminal lumbar discectomy and interbody fusion (5/19/2014). Electrodiagnostic studies dated 11/07/2014 showed evidence of left chronic S1 radiculopathy. Right anterior tibialis showed isolated chronic neuropathic changes suggestive of right L4-L5 radiculopathy. Currently, the IW complains of mid and low back pain with persistent radiating pain into the lower extremity. Objective findings included limited muscle strength in the bilateral lower extremities due to pain, symmetrically intact DTRs, intact sensation and tenderness over the lumbar and thoracic paraspinal muscles. On 1/16/2015, Utilization Review non-certified a request for lumbar epidural steroid injection at L5-S1 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/09/2015, the injured worker submitted an application for IMR for review of lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

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, documentation does not contain objective findings on examination to support the presence of radiculopathy. Therefore, the request for 1 Lumbar Epidural Steroid Injection at L5-S1 is not medically necessary.