

Case Number:	CM15-0065247		
Date Assigned:	04/13/2015	Date of Injury:	07/10/2014
Decision Date:	05/12/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/07/2015

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 44 year old female, who sustained an industrial injury on 07/10/2014. She reported sustaining multiple injuries including a closed head injury, cervical and lumbar disc disease secondary to a roll over motor vehicle accident. The injured worker was diagnosed as having degeneration of the lumbar intervertebral disc and degeneration of the cervical intervertebral disc. Treatment to date has included medication regimen and physical therapy. In a progress note dated 02/05/2015 the treating physician reports muscle aches, weakness, arthralgias/joint pain to the right shoulder, back pain, and radiculopathy to the upper extremities. The treating physician requested lumbar transforaminal epidural steroid injections with epidurogram to the right lumbar five to sacral one and sacral one to sacral two, but the documentation did not indicate the specific reason for this requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injections at right L5-S1 and S1-S2 with fluoroscopy: 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 EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar transforaminal epidural steroid injections at right L5-S1 and S1-S2 with fluoroscopy is not medically necessary.