MAXIMUS Federal Services

Case Number:	CM15-0071130		
Date Assigned:	04/21/2015	Date of Injury:	05/31/2005
Decision Date:	05/20/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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:

This 54 year old female sustained an industrial injury on 5/31/05. She subsequently reported low back pain. Diagnoses include lumbar disc protrusion, lumbago and displacement of lumbar intervertebral disc. Treatments to date have included MRIs, injections and prescription pain medications. The injured worker continues to experience low back pain. A request for Bilateral Lumbar Transforaminal Epidural Steroid Injection at L45, L5S1 under Fluoroscopy and Sedation was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Transforaminal Epidural Steroid Injection at L45, L5S1 under Fluoroscopy and Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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. The patient's last ESI was performed in February 19 of 2015, without clear and objective documentation of improvement. In addition, there is no clear evidence from the physical examination of radiculopathy. There is no EMG study documenting radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, Bilateral Lumbar Transforaminal Epidural Steroid Injection at L45, L5S1 under Fluoroscopy and Sedation is not medically necessary.