

Case Number:	CM15-0071778		
Date Assigned:	04/22/2015	Date of Injury:	09/02/1998
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
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:

The injured worker is a 70 year old female, who sustained an industrial injury on September 2, 1998. She reported a lumbar spine injury. The injured worker was diagnosed as having failed back syndrome, lumbar radiculitis, lumbar disc/herniation, and status post lumbar 4-sacral 1 fusion with lumbar 2-lumbar 3 and lumbar 3-lumbar 4 degeneration and stenosis. Diagnostics to date has included MRI, CT, and x-rays. Treatment to date has included physical therapy and lumbar spine injections. On February 2, 2015, the injured worker complains of continuing back pain with pain going down both of her thighs. Her back pain is constant. There was no documented physical exam for this date. The treatment plan includes a lateral interbody fusion at the L2L3 and lumbar 3 and lumbar 4 levels followed by a posterior lumbar 2-sacral 1 fusion instrumentation and decompression from lumbar 2-lumbar 4. The requested treatments are 2 lumbar epidural steroid injection x 2 units as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Lumbar epidural steroid injection x2 units: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 file does not document that the patient is candidate for surgery. The patient was treated with conservative therapy without full control of the patient pain. 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, MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Radiculopathy should be documented by objective findings and corroborated by imaging or electrodiagnostic testing. The patient did not fulfill criteria. Therefore, the request for 2 Lumbar epidural steroid injection is not medically necessary.