

Case Number:	CM15-0073820		
Date Assigned:	04/24/2015	Date of Injury:	06/15/2012
Decision Date:	05/21/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/20/2015

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 64 year old male, who sustained an industrial injury on June 15, 2012. The injured worker was diagnosed as having low back pain from multifactorial chronic etiologies, radicular likely the primary pain generator, degenerative disc disease and disk desiccation without clear-cut entrapment identified on imaging studies, chronic pain syndrome, and myofascial pain. Treatment to date has included electromyography (EMG), x-rays, MRI, physical therapy, epidural steroid injection (ESI), and medication. Currently, the injured worker complains of low back and radiating leg pain. The Treating Physician's report dated April 2, 2015, noted the injured worker in significant discomfort, feeling debilitated, with an antalgic gait, using a cane for ambulation. Physical examination was noted to show the paraspinal muscles tenderness to palpation with extension and rotation range of motion (ROM) painful bilaterally. The treatment plan was noted to include Gralise and Gabapentin would be started, and an interlaminar epidural steroid injection (ESI) at L4-L5 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 file does not document that the patient is candidate for surgery. In addition, documentation does not contain objective findings on examination or a recent electrodiagnostic study to support the presence of radiculopathy. There is no documentation of the outcome of previous epidural injections. Therefore, Interlaminar L4-L5 is not medically necessary.