

Case Number:	CM15-0073862		
Date Assigned:	04/23/2015	Date of Injury:	04/16/2014
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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 54 year old female, who sustained an industrial injury on 4/16/14. She reported a back injury. The injured worker was diagnosed as having recurrent right lumbar radiculitis and lumbar axial pain secondary to lumbar stenosis and of foraminal narrowing at L4-5, scoliosis and kyphoscoliosis, degeneration of lumbar or lumbosacral intervertebral disc and sciatica/neuralgia or neuritis of sciatic nerve. Treatment to date has included right L4-5 transforaminal epidural steroid injection, physical therapy. (MRI) magnetic resonance imaging of lumbar spine was performed on 9/23/14. Currently, the injured worker complains of right side low back pain. It is noted the previous transforaminal injection relieved symptoms and improved function for 2 months. Physical exam noted decreased range of motion of lumbar spine with positive straight leg raise and positive dural tension signs. The treatment plan included repeating the L4-5 transforaminal epidural steroid injection, refilling Tramadol and titrating Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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 and recent electrodiagnostic study to support the presence of radiculopathy. There is no clear documentation of significant improvement with previous epidural injections. Therefore, Right L4-5 transforaminal epidural steroid injection is not medically necessary.