

Case Number:	CM15-0095504		
Date Assigned:	05/22/2015	Date of Injury:	01/23/2015
Decision Date:	06/24/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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 26 year old female who reported an industrial injury on 1/23/2015. Her diagnoses, and/or impressions, are noted to include: sciatica; lumbar degenerative disc disease; lumbar radiculopathy; and chronic low back pain. Recent magnetic imaging studies of the lumbar spine were stated to have been done on 2/18/2015, and electrodiagnostic studies on 4/20/2015. Her treatments have included physical therapy; trans-cutaneous electrical nerve stimulation unit therapy; and medication management. The progress notes of 3/30/2015 reported an initial consultation with complaints of acute pain in her lower back and posterior left leg - industrial. She described the low back pain that radiating into her left lower extremity as constant, moderate, electric-like, associated with numbness/tingling/weakness down to foot, aggravated by activity and interfering with her activities of daily living; and that the pain was improved by rest and medications. The objective findings were noted to include no acute distress; a left Trendelenburg antalgic gait without the use of any assistive device; pain with lumbar flexion and range of motion, which is decreased; positive left straight leg raise; decreased deep tendon reflexes bilaterally; and weakness in the left knee/ankle and hallucis longus muscle groups. The physician's requests for treatments were noted to include lumbar trans-foraminal epidural steroid injections in hopes of improving his pain and functional activities, while avoiding medication escalation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection at left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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, the EMG/NCV study of the left lower extremity dated April 20, 2015 showed normal study with no evidence of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar Transforaminal Epidural Steroid Injection at left L5-S1 is not medically necessary.