MAXIMUS Federal Services

Case Number:	CM13-0008772		
Date Assigned:	10/11/2013	Date of Injury:	04/29/1997
Decision Date:	02/27/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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/services.

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 patient is a 62-year-old female who reported a work-related injury on 04/29/1997. The patient is status post posterior spinal fusion at L5-S1, with subsequent removal of hardware. The patient has undergone trigger point injections to the sacroiliac distribution. The patient's lumbar MRI dated 03/24/2011 revealed laminectomy L5 and interbody fusion at L5-S1, bilateral facet arthrosis, and ligamentum flavum hypertrophy at L3-4, a disc bulge which mildly impressed on the thecal sac at L4-5, and multiple uterine lesions, likely fibroids. Clinical documentation stated the patient had difficulty walking and difficulty changing positions. Lumbar spine range of motion was restricted and caused painful symptoms. Straight leg raising was positive on the left and right. It was noted that the patient's active radiculopathy had not improved with conservative treatment. A request has been made for lumbar epidural steroid injection and consultation to do procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309,Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steriod Injections Page(s): 46.

Decision rationale: The Physician Reviewer's decision rationale: California Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented imaging studies and/or electrodiagnostic testing. The patient was not noted to have findings of radiculopathy that would identify specific nerve compromise on her physical exam. There was no sensory or motor loss noted in a specific dermatome or myotome. In addition, there is no recent documentation stating the patient had been unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, or muscle relaxants. In addition, the request did not include the level or side of the proposed injection. Therefore, the requested lumbar epidural injection is not medically necessary and appropriate.

Consultation for a lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Offical Disability Guidelines, Lumbar Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Offical Disability Guidelines (OGD), Low Back Chapter, Office Visits.

Decision rationale: The Physician Reviewer's decision rationale: The ODG indicate that office visits are recommended as determined to be medically necessary. The lumbar epidural injection was not recommended for the patient due to a lack of exam findings of radiculopathy and lack of evidence, given the patient had failed conservative treatments. As such, the decision for consultation to do procedure is not medically necessary and appropriate.