MAXIMUS Federal Services

Case Number:	CM13-0014473		
Date Assigned:	06/06/2014	Date of Injury:	08/23/2012
Decision Date:	07/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 51-year-old female who sustained a work-related injury on August 23, 2012, when she sat down on a chair which subsequently broke, causing her to fall onto her buttocks and then backwards, hitting the back of her head. The most recent relevant physician's medical record for review is dated October 4, 2013 at which time the injured employee complained of neck pain with numbness in the right arm and hand as well as low back/sacral/coccyx pain, which radiates to the right greater than left leg and foot. Previous treatment has included prescriptions of ibuprofen, Senna, Flexeril, flurbiprofen, capsaicin, and menthol. The injured employee was also prescribed Ativan and Ambien for anxiety and insomnia. There is also a history of gastrointestinal (GI) upset controlled with ranitidine. There was a previous request for lumbar epidural steroids, which was denied. Chiropractic treatment was offered, but the injured employee denied this treatment. The physical examination of this 170 pound 5'2" female noted decreased cervical spine range of motion and normal upper extremity reflexes and sensation but slightly decreased muscle strength in right finger extension/flexion. The injured employee was noted to ambulate with an antalgic gait. There was tenderness of the lumbar paravertebral muscles with guarding. There was decreased lumbar spine range of motion. Lower extremity sensation and reflexes were normal. There was decreased muscle strength with right hip flexion/extension/abduction as well as right knee extension rated at 5-/5. An MRI of the lumbar fine, dated March 6, 2013, showed some diffuse disc desiccation and a disc protrusion at L4-L5 with effacement of the thecal sac and exiting L for nerve roots. A lower extremity nerve conduction study was normal. There was a diagnoses of a closed head injury, cervical spine sprain/strain with the right upper extremity radiculopathy, Grade I anterolisthesis at C2-C3 of the cervical spine, low back pain with disc protrusions and right lower extremity radiculopathy, sacral/coccyx pain, stress, anxiety, depression, sleep disorder,

mixed anxiety/depressive disorder and gastroesophageal reflux. A previous independent medical review, dated November 18, 2013, did not certify requests for a coccyx block or epidural transforaminal steroid injections at L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT EPIDURAL TRANSFORAMINAL INJECTION L4 LEVEL FOR DIAGNOSTIC PURPOSES: 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): 301.

Decision rationale: Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit nor does it reduce the need for surgery. Additionally, the Official Disability Guidelines recommend documented failure of improvement with exercises, physical methods, non-steroidal anti-inflammatory medications (NSAIDs) and muscle relaxants. There is no evidence of failure of these conservative methods in the attached medical record. For these multiple reasons, this request for epidural steroid injections is not medically necessary.

1 RIGHT EPIDURAL TRANSFORAMINAL INJECTION L5 LEVEL FOR DIAGNOSTIC AND THERAPEUTIC PURPOSES: 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): 301.

Decision rationale: Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit nor does it reduce the need for surgery. Additionally, the Official Disability Guidelines recommends documented failure of improvement with exercises, physical methods, non-steroidal anti-inflammatory medications (NSAIDs) and muscle relaxants. There is no evidence of failure of these conservative methods in the attached medical record. For these multiple reasons, this request for epidural steroid injections is not medically necessary.

COCCYX BLOCK QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter, updated June, 2014.

Decision rationale: The attached medical record does not indicate the rationale for the administration of a coccyx block. There is no physical examination of the sacrum or coccyx region of the injured employee. Additionally, the American College of Occupational And Environmental Medicine only acknowledges that steroid injections may only afford short-term improvement rather than long-term treatment. For these multiple reasons, this request for a coccyx injection is not medically necessary.