MAXIMUS Federal Services

Case Number:	CM13-0014615		
Date Assigned:	10/04/2013	Date of Injury:	11/04/1997
Decision Date:	01/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/22/2013

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 Georgia. 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. 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 claimant is a 68 year old presenting with low back pain following a work related on 11/4/1997. The claimant tried a left sacroiliac joint injection which provided relief. She also tried physical therapy, and aquatherapy. The physical exam was significant for moderate tenderness over the left more than right L4-5 and L5-S1. Straight leg raising bilaterally to 80 with referral to the left more than right side, 4/5 bilateral hip flexors secondary to pain, hip dysesthesia over the left lateral and medial foot area, bilateral pedal edema of 1+. MR neurography of the lumbar spine was significant for T2 signal in the left sciatic nerve, severe bilateral hip osteoarthritis and dysplasia, necrosis of the femoral heads with flattening, relative atrophy of the right piriformis, gluteal and lower extremity musculature and uterine fibroids. The claimant was treated with Oxycodone ER, Flector Patch and Clonazepam. The claimant was diagnosed with left hip contusion with greater trochanteric bursitis which was resolved, left more than right sciatica, status post L5-S1 fusion, left more than right Dupuytren's contracture. A claim was made for bilateral L5-S1 transforaminal epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal ESI at bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Epidural Steroid Injections Page(s): 47.

Decision rationale: The Physician Reviewer's decision rationale: The lumbar epidural steroid injection is not medically necessary. Per CA MTUS criteria page 47 for the use of epidural steroid injections the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. MTUS also states that radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. The claimant presents with pain and disability from sciatica, bilateral hip osteoarthropathy, uterine fibroids and edema. The MR neurography was significant for T2 signal in the left sciatic nerve, severe bilateral hip osteoarthritis and dysplasia, necrosis of the femoral heads with flattening, relative atrophy of the right piriformis, gluteal and lower extremity musculature and uterine fibroids. It is difficult to determine where her pain is stemming from. It would be more appropriate to distinguish the pathological cause of her pain. Given, Ca MTUS requires radiculopathy be documented and corroborated by imaging and or electordiagnostic testing, the requested service is not medically necessary.