MAXIMUS Federal Services

Case Number:	CM13-0027329		
Date Assigned:	11/22/2013	Date of Injury:	10/10/2003
Decision Date:	01/27/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 Family Practice and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 10/10/2003; mechanism of injury was not stated. The patient is noted to have been diagnosed with lumbar HNP (722.10); spinal stenosis (724.02); radiculopathy (724.4). He is reported to have undergone an MRI in 2012 which reported grade I spondylolisthesis on L5-S1 which corrected with extension; evidence of multilevel degenerative disc disease at L5-S1; there was clear movement between flexion and extension related to foraminal spondylolisthesis and some foraminal narrowing as well. He was noted to have treated previously with multiple epidural steroid injections; the most recent performed on 06/07/2013. The clinical note dated 06/29/2013 reported the patient was seen for re-evaluation for right low back pain radiating into the right buttocks, right posterior thigh, right posterior calf, and right plantar foot. His pain is noted to be exacerbated by prolonged sitting, prolonged standing, and crawling. He is noted to be taking Norco 10/325 mg every 6 hours as needed for pain and AcipHex. The patient is noted to have previously undergone left shoulder and left elbow surgery and bilateral knee arthroscopies. On physical examination, the patient is noted to have restricted range of motion by pain in all directions, discogenic provocative maneuvers were positive, root tension signs were negative, patellar reflexes were 2+ and symmetrical bilaterally, and Achilles reflexes were 1+ and symmetrical bilaterally. Muscle strength was 5/5 in the bilateral lower extremities. Sensation was intact to light touch, pinprick, proprioception, and vibration in the bilateral lower extremities except for decreased sensation to light touch in the right calf. A clinical note dated 07/31/2013 noted the patient had an epidural done and reported post-procedure headaches and sleep dysfunction lasting a week. He is reported to still have problems standing for greater than 5 minutes and it was felt the patient needed a secon

IMR ISSUES, DECISIONS AND RATIONALES

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

One repeat fluoroscopically guided right L5 and S1 lumbar 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 Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The Physician Reviewer's decision rationale: The employee is noted to have been treated extensively with physical therapy, medications, and multiple epidural steroid injections; the most recent on 06/07/2013 at right L5 and S1 levels. Request was submitted for a repeat epidural steroid injection. California MTUS Guidelines state repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction in medication use for 4 to 6 weeks. There is no documentation the emplyee had functional improvement or 50% pain relief with reduction in medications for 4 to 6 weeks following the epidural steroid injection given on 06/07/2013, the request for an additional injection does not meet guideline recommendations.