MAXIMUS Federal Services

Case Number:	CM13-0028251		
Date Assigned:	02/26/2014	Date of Injury:	12/28/2011
Decision Date:	05/07/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

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 California. 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:

This is a 43-year-old female injured on 12/28/11 sustaining injury to the low back. The clinical records available for review include recent imaging dated 6/21/13 showing mild degenerative facet changes at the L1-2 through L5-S1 level and diffuse disc bulging at L4-5 with no indication of neurocompressive pathology. Electrodiagnostic studies also performed on 6/21/13 showed chronic changes at the right L5 level consistent with "reinnervation" but showed no indicative findings of acute radiculopathy. A recent follow up dated 8/9/13 with [redacted] documented the claimant reported radiating pain to the buttock bilaterally as well as low back complaints. Physical examination revealed restricted range of motion and a limited and antalgic gait pattern without documentation of sensory, motor, or reflexive changes. Epidural steroid injection, given the claimant's ongoing complaints of pain, was recommended at that time. Further forms of conservative care have included medications, therapy, and apparent activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTIONS ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

Decision rationale: MTUS Guidelines would not support the role of epidural injection. The claimant's clinical imaging including negative electrodiagnostic studies and MRI scan fail to demonstrate compressive pathology. This is also taking into account the claimant's recent clinical findings that fail to demonstrate a radicular process with a normal sensory, motor, and reflexive examination. MTUS Guidelines would only indicate the role of epidural injections if radiculopathy is documented by both physical examination and corroborated by imaging or electrodiagnostic testing. The absence of the above would fail to necessitate injection procedure at this time.