MAXIMUS Federal Services

Case Number:	CM13-0028994		
Date Assigned:	03/07/2014	Date of Injury:	01/30/2012
Decision Date:	05/29/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine & Rehabilitation 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:

The patient is an employee of the [redacted] and has submitted a claim for low back pain with an industrial injury date of January 30, 2012. Treatment to date has included physical therapy and medications, both of which were reported to provide benefit. The patient also is proficient in a home exercise program. Utilization review from September 6, 2013 denied the request for transforaminal lumbar epidural injection (site: L5-S1 and S1-S2), side: left, because the medical records provided did not establish an imaging study confirming the presence of radiculopathy. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain radiating to the left leg. The patient continues to work full time. On physical examination, the patient was able to ambulate without an assistive device and was able to sit comfortably on the examination table without difficulty or evidence of pain. Gait was normal. Lumbar spine examination revealed no scoliosis, asymmetry, or abnormal curvature on inspection. Range of motion was restricted with flexion limited to 60 degrees due to pain but extension was normal. Lumbar facet loading was negative on both sides. Straight leg raising test is positive on the left side. All lower extremity reflexes were equal and symmetric. No sensorimotor deficits were noted on both lower extremities. An EMG/nerve conduction study dated June 27, 2013 revealed left S1 lumbosacral radiculopathy. A lumbar spine MRI dated July 12, 2013 noted degenerative disc changes, concentric annular fissures associated with bulging discs at the L5-4 and L4-5 levels, and foraminal encroachment at L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR EPIDURAL INJECTION (SITE: L5-S1 AND S1-S2); SIDE LEFT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Â§9792.24.2 Page(s): 46.

Decision rationale: The Expert Reviewer's decision rationale: According to page 46 of the Chronic Pain and Medical Treatment Guidelines, the criteria for the use of epidural steroid injections include documented radiculopathy via physical examination and corroborated by imaging and/or electrodiagnostic studies, and a patient initially unresponsive to conservative treatment, which include exercises and medications. In this case, although physical examination and electrodiagnostic studies support findings of radiculopathy, the medical records have reported that previous physical therapy and the patient's current medications have provided benefit, which indicates that the patient is responsive to conservative management. In addition, the patient is able to work full time. Imaging findings demontrate the most pronounced findings two levels above the proposed injection levels. Therefore, the request for a transforaminal lumbar epidural injection is not medically necessary.