MAXIMUS Federal Services

Case Number:	CM13-0030375		
Date Assigned:	11/27/2013	Date of Injury:	04/03/2007
Decision Date:	01/13/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 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 patient is a 41-year-old male, who incurred injury to his low back, left knee and bilateral ankles while performing his usual and customary duties as a maintenance mechanic for [redacted]. Following the injury, he notified his employer. He subsequently underwent bilateral ankle surgery and left knee arthroscopic surgery. Medical report dated 8/2/2013 by [redacted] indicated that the patient reported pain in the low back, left knee and bilateral ankle. On physical exam, the patient's height, weight and body mass index were not documented in the submitted clinical. There was positive straight leg raise (SLR) bilaterally at 60 degrees. Sensation was decreased in the right posterior thigh at L5 distribution. Strength was decreased in heel toe. The patient was diagnosed with lumbar radiculopathy, L5-S1 herniated nucleus pulposus (HNP), knee internal derangement. At issue is whether the L5-S1 Lumbar epidural joint injection under fluoroscope is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar Epidural Injection under Fluoroscopy: 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): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS (Effective July 18, 2009) Chronic Pain Medical Treatment Guidelines (page 46), stipulates that "the purpose of Epidural Steroid Injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit". The California MTUS further stated that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Occupational Medicine Treatment Guidelines (page 300) stated "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. 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. Therefore the request for lumbar epidural joint injection is not medically necessary.