MAXIMUS Federal Services

Case Number:	CM13-0034617		
Date Assigned:	12/11/2013	Date of Injury:	05/05/2011
Decision Date:	01/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery, has a subspecialty in Shoulder and Elbow 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.

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 69-year-old female who reported an injury on 05/05/2011. The mechanism of injury was noted to be a fall. The patient's symptoms are noted as low back pain with radiating pain down to her bilateral lower extremities. Objective findings are noted as tenderness to palpation over the lumbar paraspinal musculature with paraspinal spasm noted, as well as mild erythema over the anterolateral distal left leg. Her diagnoses are noted as lumbar spine sprain with herniated nucleus pulposus, left shoulder degenerative arthrosis status post arthroscopy and manipulation under anesthesia, left elbow lateral epicondylitis, left wrist carpal tunnel syndrome, status post left distal radius fracture, and status post gastric bypass surgery. An MRI of the lumbar spine dated 02/27/2012 revealed a 3 mm broad based disc osteophyte complex at L1-2 resulting in mild canal stenosis and combined with mild facet joint arthropathy. There is mild bilateral neural foraminal stenosis; there was an asymmetric to the left 2 mm broad based disc osteophyte complex at L2-3 which combined with mild facet joint arthropathy effaces the ventral thecal sac by 1 to 2 mm without overall canal stenosis but combined with moderate facet joint arthropathy and scoliotic curvature there is severe right foraminal stenosis; a 2 mm broad based disc protrusion at L3-4 which combined with scoliotic curvature and moderate facet joint arthropathy resulted in moderate right and mild left foraminal stenosis; a 3 mm broad based disc protrusion, asymmetric to the left, anterolisthesis, and moderate facet joint arthropathy at L4-5 resulting in moderate canal stenosis and bilateral neural foraminal stenoses; and mild hypertrophic changes of the bilateral facets at L5-S1. A request was made for epidural steroid injections at L3-S1 with preoperative lab work prior to the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections L3-S1 x 1 series: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines state that the criteria for use of epidural steroid injections includes that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, the patient needs to have been initially unresponsive to conservative treatment including exercises, physical methods, NSAIDS, muscle relaxants, and no more than 2 nerve root levels should be injected using transforaminal blocks, and no more than 1 interlaminar level should be injected at 1 session. Additionally, the guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks following previous blocks. The patient was noted to have had an epidural steroid injection on 12/08/2012. However, the clinical information submitted for review failed to show at least 50% pain relief for at least 6 to 8 weeks following that injection. Additionally, the patient's recent physical examination did not include clinical objective findings consistent with radiculopathy, the patient's MRI dated 02/27/2012 failed to show significant pathology at each of the requested levels, and the request is for more than 2 nerve root levels. For these reasons, the request is non-certified.

Pre-surgical lab tests: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: As the request for the epidural steroid injections at L3-S1 are non-certified, preoperative lab work is not necessary. Therefore, the request is non-certified.