MAXIMUS Federal Services

Case Number:	CM13-0037241		
Date Assigned:	12/13/2013	Date of Injury:	01/10/1995
Decision Date:	01/24/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and 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. 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 68-year-old male with a reported date of injury on 01/10/1995. The patient presented with mid and upper lumbar back pains, pain radiating from the middle in an "barlike" distribution out to his hips, aching down the outside of both legs, a "pins and needles" feeling in the bottom of the patient's feet, markedly restricted range of motion in the lumbar spine, a positive straight leg raise at 40 degrees, decreased ability to perceive cold on the left at L5 by 75% as compared to the right, 50% reduction of ability to perceive cold at the right S1 as compared to the left. The patient had diagnoses included displacement of cervical intervertebral disc without myelopathy, lumbago, unspecified back disorders and thoracic or lumbosacral neuritis or radiculitis. The physician's treatment plan included a request for a transforaminal ESI at left L5-S1 and right S1, possible bilateral S1 as an alternative approach if L5-S1 is not accessible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI at left L5-S1 and right S1, possible bilateral SI as an alternative approach if L5-S1 is not accessible: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and AMA.

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

Decision rationale: The California MTUS Guidelines note that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), and injections should be performed using fluoroscopy (live x-ray) for guidance. The provider noted that on 04/18/2001, a selective nerve block was performed at left L5 and left S1, which was a diagnostic block. The block provided more than 2 months of full relief. The provider noted that the patient had a transforaminal epidural steroid injection at the left L5-S1 and left S1 on 01/20/2003, which the provider approximated provided essentially complete, i.e., better than 70%, relief of the radiculopathy for at least 5 months and counting since 07/02/2003. The provider noted that the patient had low back pain radiating in a barlike distribution out to the hips, aching down the outside of both legs, a pins and needles feeling in the bottom of the feet, a positive straight leg raise at approximately 40 degrees and decreased ability to perceive cold on the left at L5 by 75% and on the right at S1 by 50%. However, the requesting physician did not include adequate documentation of significant objective findings congruent with radiculopathy. The MRI of the lumbar spine dated 11/28/2011 noted that at L5-S1, the disc was intact. The facets appeared degenerated, and there was minimal right-sided foraminal narrowing, and the central canal was widely patent. The results of the MRI do not indicate radiculopathy at the L5-S1 level. Additionally, the requesting physician did not provide adequate documentation of significant objective functional improvements as well as decreased VAS scores and medication reduction with the prior epidural steroid injection at left L5-S1. Therefore, the request for a transforaminal ESI at left L5-S1 and right S1, possible bilateral S1 as an alternative approach if L5-S1 is neither medically necessary nor appropriate.