MAXIMUS Federal Services

Case Number:	CM13-0040886		
Date Assigned:	12/20/2013	Date of Injury:	08/08/2012
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/17/2013

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 internal medicine, 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:

PR-2 report 09-20-13 by [redacted] documented Subjective complaints including constant lower back pain traveling to the right leg, pain 6/10. Objective findings included tenderness and decreased range of motion at the lumbosacral spine. Diagnoses included displacement of lumbar intervertebral disc with myelopathy, lumbosacral neuritis or radiculitis, lumbar facet joint syndrome, lumbago. Treatment plan included Norco and Naproxen. Agreed Medical Examination (A.M.E.) report 10-01-13 by [redacted] documented subjective complaints: low back pain present all the time, mid lumbosacral musculature pain, radiating pain down the posterior aspect of the lower extremities to the right foot and to the knee on the left, numbness and tingling of the right lower extremity, radiating pain present most of the time. Patient has not noted improvement with epidural injection 09-23-13. Physical examination of lumbosacral spine was documented: no gross deformity, diffuse tenderness of lumbosacral spine, presence of Waddell's signs, no evidence of any paravertebral muscle rigidity or spasm, suboptimal effort for range of motion, patient observed ambulating without antalgic component, knee and ankle reflexes present and equal bilaterally, straight leg raise negative bilaterally in the sitting position, sensory intact, girth of bilateral lower extremities equal, leg lengths equal, motor power did not reveal evidence of gross weakness. Electromyographic (EMG) 12-14-12 by [redacted] reported findings consistent with a right sided L5 lumbosacral radiculopathy. MRI of Lumbar spine with/without loadbearing performed 02-25-13 reported no significant abnormalities at L1-2, L2-3, L3-4. At L4-L5, there was a mild circumferential bulge measuring 1.2 mm posteriorly, causing mild bilateral neural foraminal narrowing, with associated mild spinal canal narrowing. At L5-S1, there was a mild circumferential bulge measuring 1.2 mm posterio

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L4-L5 & L5- S1: 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): s 300, 309,Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Medical treatment utilization schedule (MTUS) guidelines state that epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). This treatment alone offers no significant long-term functional benefit. The first criterion for the use of epidural steroid injections is: (1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Invasive techniques 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. Proof is still lacking. Epidural corticosteroid injections for radicular pain, to avoid surgery is Optional, with limited research-based evidence. MRI of Lumbar spine reported mild abnormalities at L4-L5 and L5-S1. Mild 1.2 mm bulge, mild neural foraminal narrowing, mild spinal canal narrowing was reported at L4-L5 and L5-S1. No significant abnormalities at L1-2, L2-3, L3-4 were reported. Agreed Medical Examination (A.M.E.) report 10-01-13 by [redacted] reported negative straight leg raise bilaterally in the sitting position, no motor weakness, no gross deformity, no evidence of paravertebral muscle rigidity or spasm. Knee and ankle reflexes were present and equal bilaterally, sensory intact, girth of bilateral lower extremities equal, leg lengths equal, presence of Waddell's signs, ambulation without antalgic component. In summary, MRI of lumbar spine demonstrated only mild abnormalities, with no major anatomic or structural defects. MRI showed no evidence of nerve root compression. Physical examination demonstrated no objective evidence of neurologic compromise - negative straight leg raise, deep tendon reflexes intact, sensation intact, no motor weakness. The medical records do not support the medical necessity of epidural steroid injections. Therefore, the request for Lumbar Epidural Steroid Injection L4-5 and L5-S1 is Not medically necessary.