MAXIMUS Federal Services

Case Number:	CM13-0043006		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2010
Decision Date:	06/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational 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 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:

This is a 50 year old male who has reported low back pain after an injury on 01/24/10. He was previously on a long period of disability for other medical conditions. The low back diagnoses have included lumbar radiculopathy and lumbar facet syndrome. Treatment for the low back has included medications and physical therapy. A lumbar MRI on 8/28/13 was negative. A drug test was positive for hydrocodone and THC. The current treating physician performed an EMG on 2/27/13 and reported that it showed a chronic left and right L5 radiculopathy. The reports from 2/1/13 to 10/2/13 show low back and right leg pain, polypharmacy, right L4 and L5 sensory deficit, and diffuse right leg weakness which is slight at most. There was no work status or specific description of function, although the injured worker is described as not working. On 10/2/13 the treating physician discussed the clinical reasons why an epidural steroid injection was medically necessary. He noted findings from 8/30/13. These included low back pain, tenderness, and limited range of motion, spasm, and a history of paresthesia in the feet. The straight leg raising test caused low back pain. An EMG on 2/27/13 was reported to show chronic right and left L5 radiculopathy. The epidural steroid injection was requested for pain relief and functional improvement, not as a specific diagnostic test. On 10/10/13 Utilization Review non-certified the requested epidural steroid injection and partially certified the request for a diagnostic block at L5. This Utilization Review decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR EPIDURAL INJECTION RIGHT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 180,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy. The MRI shows no nerve root compression. The EMG findings are minimal and chronic. The physical findings are not concordant with the EMG, which is reported to show bilateral pathology. The injection was proposed at both L4 and L5, when the minimal objective pathology that there is found at L5 only. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with "other rehab efforts, including continuing a home exercise program", or a concurrent "more active treatment program". The epidural steroid injection, if beneficial at all, will have only a temporary effect, and the treating physician has not presented a treatment plan which would maximize any temporary benefit. This is particularly true for functional restoration and return to work. There is no work status described or plan for progressive increase in function. The updated ACOEM Guidelines for the Low Back note the lack of good evidence supporting epidural steroid injection for chronic conditions and recommend against them for any chronic problem. The epidural steroid injection is not medically necessary based on the MTUS and other medical evidence.