MAXIMUS Federal Services

Case Number:	CM13-0044402		
Date Assigned:	12/27/2013	Date of Injury:	01/18/2012
Decision Date:	03/06/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 28-year-old male who sustained work-related injury to his lower back on 01/18/2012 while he was unloading a recliner off of the truck. He had lumbar MRI (magnetic resonance imaging) on 01/05/2013 that showed disc protrusion and degenerative disc changes at L4-5 and L5-S1. A noted dated 09/15/2013 by the provider indicates the patient presented with complaints of moderate lower back pain radiating to his right thigh. The symptoms aggravated by bending, standing, and stooping and relieved by feet elevated. The current medications included Norco, Soma, Butrans, Naproxen, Cymbalta, and Percocet. On physical exam, there was moderate lumbar spine tenderness, gait was normal, no instability, SLR (straight leg raise) showed back pain only, normal active lumbar range of motion (ROM) but painful, femoral stretch test produced back pain, normal bilateral lower extremity strength, and no sensory or motor weakness. The patient was diagnosed with thoracic or lumbosacral neuritis, lumbar or lumbosacral intervertebral disc degeneration, and lumbar intervertebral disc displacement. He was recommended Lumbar ESI (epidural steroid injection) at right intralaminar at L4-5 x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection (s) of diagnostic or Therapeutic Substance (s) (including anesthetic, antispasmodic, opioids, steroid, other solution) not including neurolytic substances, including needle or catheter placement: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections Page(s): 46.

Decision rationale: This patient has persistent lower back pain radiating to his right thigh. He was diagnosed with lumbosacral neuritis; however, the physical exam reported by the provider showed no abnormal objective findings of radiculopathy. He was noted to have some tenderness but otherwise normal exam with no sensory or motor weakness. He had magnetic resonance imaging (MRI) that showed no nerve root impingement at L4-5. Additionally, the provider is requesting 2 epidural steroid injections (ESIs); however, guidelines indicate that a repeat block is only permitted if there is documented objective pain and functional improvement with at least 50% pain relief. Therefore, the request is non-certified.