MAXIMUS Federal Services

Case Number:	CM13-0044447		
Date Assigned:	12/27/2013	Date of Injury:	03/23/2010
Decision Date:	05/21/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery 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 female who was injured in a work-related accident on 3/23/10 sustaining injury to her back and left lower extremity. The clinical records for review include a 9/25/13 progress report indicating ongoing complaints of low back and lower extremity pain. Physical examination findings showed diminished sensation in a right L4 and L5 dermatomal distribution with restricted range of motion of the lumbar spine, equal and symmetrical deep tendon reflexes, antalgic gait, and documentation of motor deficit to knee extension, knee flexion, and extensor hallucis longus testing at 4/5 on the right. The claimant's current working diagnosis was that of lumbar disc displacement. Epidural steroid injection was recommended. The claimant is noted to be status post a prior L4-5 surgical discectomy. It states that previous epidurals performed provided no benefit but did take place prior to operative intervention. There is no current documentation of post-operative imaging to the claimant's lumbar spine available for review. A previous MRI dated 2012 showed abutment of the exiting right L4 nerve root with L4-5 disc protrusion. The recommendations at present are for repeat epidural steroid injection to be performed at the right L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 RIGHT TRANSFOAMINAL EPIDURAL STEROID INJECTION: 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), Criteria for Epidural Steroid Injections

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

Decision rationale: CA MTUS Guidelines would not support the role of epidural injection in this case. At present, the claimant is with no documentation of post-operative imaging available for review indicative of a neurocompressive process to relate the claimant's L4-5 level as with continued neurocompressive findings. Guidelines criteria clearly indicates that radiculopathy must be documented by both physical examination findings and imaging and/or electrodiagnostic testing. The absence of the above at this time would fail to necessitate the acute need of a repeat epidural injection which in the past has not been documented to be beneficial for this individual. The requested injection is not medically necessary.

A MYELOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

AN EPIDUROGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

FLUROSCOPY GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.