MAXIMUS Federal Services

Case Number:	CM13-0054844		
Date Assigned:	12/30/2013	Date of Injury:	05/05/2008
Decision Date:	04/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation 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 70-year-old male with a date of injury of 5/05/08. The mechanism of injury was lifting a tabletop that weighed 50 pounds. The patient fell and landed on his buttocks. The patient felt a pop sensation. The patient was evaluated and treated with conservative measures, including physical therapy, medications and modified activity. MRI was done due to persistent symptoms, and showed multilevel annular tears, herniated discs, and neural foraminal stenosis. Lumbar radiculopathy was the diagnosis. The patient subsequently had multiple epidural steroid injections (ESIs). Following these ESI procedures, there was no clear documenation of at least a 50% response with a duration of at least 6 weeks. There is documentation of response of up to 30% relief. The most recent ESI was done on 7/19/13 at L5-S1, and on follow-up, he states that he had at most 3 days of relief, but overall, thinks that the ESI made his pain worse. The patient was seen by an orthopedic doctor on 9/19/13. He gave the patient final diagnoses of lumbar sprain with left radiculopathy, spinal stenosis, and multilvel disc degneration. The pateint does not want further surgery. The patient returned for follow-up on 10/14/13 and was having a severe flare. Exam on that visit revealed a positive straight leg raise, sensory abnormalities, tender points, weakness at bilateral ankles, and severe difficulty with movement. Diagnosis is lumbar disc bulge with radiculitis status post 6 failed ESIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID JOINT INJECTION: Upheld

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

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

Decision rationale: The Guidelines support ESI procedures in patients with a clear clinical picture that is suggestive of the diagnosis of radiculopathy, and corroborated by exam, imaging, and/or electrodiagnostics. Patients should have failed at least 6 weeks of conservative measures. If the patient has had a prior ESI, there should be clear documentation of a lasting response of at least 6-8 weeks that include a lasting 50% reduction in symptoms with associated reduction in pain medications. In this case, the patient presents with a flare of radicular symptoms, and prior to trials of conservative care for the flare, the initial recommendation was for ESI. In addition, it is significant that this patient has a clear documented history of failed ESIs with minimal responses and very temporary duration of relief. The records show that the most recent ESI helped for only 3 days, and afterwards, the pain was actually worse. There is no medical necessity for further lumbar epidural steroid injections. Therefore, the requested lumbar epidural steroid injection is not medically necessary or appropriate.