MAXIMUS Federal Services

Case Number:	CM13-0055713		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2012
Decision Date:	05/19/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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:

The injured worker is a 33-year-old female who reported an injury on 05/31/2012. The mechanism of injury was not provided. The documentation of 08/30/2013 revealed the injured worker had tenderness to pressure bilaterally in the paraspinals at L5-S1. Straight leg raise was positive on the right localizing to the low back and right leg. The straight leg raise test was positive on the left localizing to moderate low back pain and left leg pain. The motor strength was within normal limits. The sensation was decreased over the L5 dermatome. The diagnoses included lumbar radiculopathy and lumbar facet arthropathy. The plan was for a bilateral L5-S1 transforaminal epidural steroid injection to address the lumbosacral radicular symptoms. The injured worker underwent an MRI of the lumbar spine on 08/09/2012 which revealed moderate disc desiccation and loss of disc height with small to moderate central annular tear and protrusion causing minimal impingement on the thecal sac without frank central stenosis. There were mild right and mild to moderate left hypertrophic changes seen. There was mild narrowing of each lateral recess and neural foramina were adequate. The documentation of 12/09/2013 by way of letter of appeal per the physician indicated the injured worker had symptoms upon objective physical examination of lumbar radiculopathy which was corroborated by imaging findings of the MRI with moderate disc desiccation and loss of disc height with small to moderate central annular protrusion causing minimal impingement on the thecal sac. There was left-sided facet hypertrophy and narrowing of both lateral recesses. Request was made for the reversal of the denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination and had objective findings on the lumbar MRI. There was lack of documentation indicating the injured worker was initially unresponsive to conservative treatment. Given the above, the request for bilateral L5-S1 transforaminal epidural steroid injection is not medically necessary.