MAXIMUS Federal Services

Case Number:	CM13-0056848		
Date Assigned:	07/02/2014	Date of Injury:	09/28/2005
Decision Date:	08/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/22/2013

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:

The injured worker is a female with date of injury 9/28/2005. Per pain management physician clinic note dated 10/17/2013, the injured worker complains of left foot pain and low back pain. The injured worker had a recent evaluation with recommendation for lumbar surgery/fusion. She had a lumbar epidural on 8/12/2013 which gave good relief for about 6-7 weeks. The injured worker has increased pain that extends to mid-back. When pain is severe, the legs feel tired. About six weeks ago the left foot was burned when an iron fell on it. Reflex sympathetic dystrophy (RSD) flared badly, but has since resolved back to baseline after treatment with a medrol dosepak. On examination, the injured worker uses a crutch to minimize left lower extremity weight bearing. The injured worker has a depressed mood. The diagnoses include degeneration of lumbar intervertebral disc and reflex sympathetic dystrophy of lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar interlaminar epidural steroid injection at L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural steroid injections (ESIs).

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

Decision rationale: This request is made by the requesting physician when the injured worker is requesting one additional epidural steroid injection in order to bridge time until her back surgery/fusion. The request was denied by the claims administrator because the clinical report did not document radiculopathy. MRI (magnetic resonance imaging) of the lumbar spine dated 7/1/2013 is noted to report mild bilateral facet arthropathy with minimal disc bulge, no significant spinal canal stenosis or neuroforaminal stenosis at L5-S1. Operative report dated 2/4/2013 reported that the injured worker had history of lumbar radiculopathy, and was having an interlaminar epidural steroid injection under the guidance of fluoroscopy. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker does not appear to meet these conditions with the medical reports provided for review. As such, the request for lumbar interlaminar epidural steroid injection at L5-S1 under fluoroscopy is determined to not be medically necessary.