MAXIMUS Federal Services

Case Number:	CM13-0056942		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2007
Decision Date:	04/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 43-year-old female who sustained a back injury on 01/05/2007 while manipulating boxes. Since then she has had severe lumbar back pain with complaint of radicular symptoms (numbness and tingling) along the bilateral lower extremities, although the left is subjectively reported as worse. The patient has undergone lumbar epidural steroid injections from 2008 to 2013 to address her lumbar pain that have been 50% to 75% effective in reducing her pain complaint.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5-S1 LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "should be based on continued objective

documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year". The patient underwent a lumbar ESI under Fluoroscopy on November 7th, 2013 with noted 50% reduction of her pain, has 30% improvement in pain levels, and improvement in her overall function with current medications. Her improvement includes ability to walk and stand for longer periods and participate in activities of daily living including household chores. Since this is the patient's second ESI within an eight week period as she had one previously on September 5, 2013 that reduced her pain by 50-70% that lasted for 4 weeks. The previous ESI procedures dated September 5th and November 7th, 2013 were successful in providing a great deal of symptomatic relief to the patient. However, the criteria for the use of epidural steroid injections specify that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing". After a thorough and exhaustive search of the provided medical documentation, I did not find an electromyography (EMG/NCS) of the lower extremities or an MRI of the lumbar region that collaborated with the patient's subjective complaints. As result, I find that the ESI, as efficacious as it is, was not medically necessary.