MAXIMUS Federal Services

Case Number:	CM13-0058783		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2012
Decision Date:	05/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/29/2013

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:

The injured worker is a 62-year-old male who reported an injury on 10/18/2012; the mechanism of injury reported that he had low back pain when he was lifting a carton of books. The comprehensive pain management postoperative follow-up dated 10/22/2013 for the injured worker, he complained of low back pain and bilateral leg pain. The injured worker had facet joint injections done. The injured worker reports he has not noted significant change in his leg symptoms. The injured worker reported that his back symptoms are improving, but he still has a difficult time standing for prolonged periods of time and he has to alternate positions. He denies any new radiation, numbness/tingling, or problems controlling bowel or bladder. Physical exam noted back range of motion was not tested. The clinical note dated 11/26/2013 noted that the injured worker complained of low back pain and left leg pain. The clinical note was a follow-up of the injured worker's for his transforaminal epidural steroid injections. The injured worker denies any other significant new problems. He rates his pain at a level of 4/10 with some radiation of pain down into the left leg. Current medication listed is Naprosyn. On exam, the injured worker is noted to have an antalgic gait. On the straight leg test in the sitting position, the injured worker complained of tightness in both of his legs, left side worse than the right. Examination of the back revealed lumbosacral paraspinal muscle spasm with tender areas over the left lower lumbosacral facet joints. Range of motion was not tested. Diagnoses were low back pain and bilateral leg pain, left leg worse than right. Future treatment plan for the injured worker is scheduling an appointment with a neurosurgeon. The injured worker is to continue his home exercise program, continue to take Naprosyn, and follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for the decision for the EPIDURAL STEROID INJECTION, L4-5 is non-certified. California MTUS recommends epidural steroidal injections for patients that meet the criteria of radiculopathy, unresponsive to conservative treatment, that it is done under live x-ray for guidance, and no more than 2 root levels should be injected at a time using transforaminal blocks. Repeat injections are not supported without an adequate response to the prior injection to include 50-70% pain reduction, improvement in function and ability to decrease medications. The clinical note dated 11/26/2013 noted that the injured worker rated his pain to be a 4/10 with pain radiating down into the left leg. The documentation provided does not support objective findings of radiculopathy as the patient's strength was 5-/5 in left dorsiflexion and deep tendon reflexes were 1+ with no details regarding decreased sensation in the L4-L5 dermatome. The clinical information provided did not provide the patient's response from the prior epidural steroid injection which was provided on 08/02/2013 to support the necessity of a subsequent injection. Therefore, the request is non-certified.

FLUOROGUIDE FOR SPINE INJECTION, L4-5 LESI: 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: As the primary requested epidural steroid injection is not supported, the associated fluoroscopy is not supported. As such, the request for FLUOROGUIDE FOR SPINE INJECTION, L4-5 LESI is non-certified.

OPINION BY NEUROSURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The decision for opinion by Neurosurgeon is non-certified. The CA MTUS/ACOEM states referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise,

activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The request for opinion by Neurosurgeon does not specify why the request is made and the documentation provided did not note what the request was for. Therefore, the request is non-certified.