MAXIMUS Federal Services

Case Number:	CM13-0061171		
Date Assigned:	05/07/2014	Date of Injury:	11/22/2000
Decision Date:	06/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/27/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 61 year old male who reported an injury on 11/22/2000. On 03/06/2014 the injured worker who is status post lumbar laminectomy and discectomy at L4-5 reported chronic low back pain rated 8/10 with radiating pain to bilateral extremities. The physical evaluation found the injured worker had a positive straight leg raise on the right with no spasm or guarding. Range of motion with lumbar extension was 10 degrees and with lumbar flexion was 20 degrees, both left and right lateral bending was 10 degrees. The documentation reported a MRI of the lumbar spine with contrast dated 08/20/2013 and the impression did not indicate any nerve root compression, there was moderate bilateral foraminal narrowing at the L3-4, L4-5 and L5-S1 levels, a 2mm disc bulge at the L4-5 level and a 2mm disc bulge at the L5-S1 level. The injured worker was prescribed refills for Trazodone, Naproxen, Gabapentin and Venlafaxine. The diagnosis was noted as Lumbar Disc Displacement without Myelopathy and Sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL LESI AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend ESI's for radicular pain. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The injured worker had reported radiating pain, a positive straight leg raise on the right, and had diagnostic studies of disc bulge and foraminal narrowing, but the physical examination does not clearly document radiculopathy. The MTUS Chronic Pain Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies or electro diagnostic testing. The documents do not indicate efforts of home exercise to use in conjunction with the recommendations of the MTUS Chronic Pain Guidelines. Therefore, the request for bilateral transforaminal lumbar epidural steroid injection at L4-5 and L5-S1 is not medically necessary and appropriate.

EACH ADDITIONAL LEVEL: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LUMBAR MYELOGRAPHY: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LUMBAR EPIDUROGRAMS: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV SEDATION: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

FLUOROSCOPIC GUIDANCE: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CONTRAST DYE: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.