MAXIMUS Federal Services

Case Number:	CM13-0066385		
Date Assigned:	01/08/2014	Date of Injury:	04/20/2013
Decision Date:	04/14/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 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 52-year-old claimant who had a date of injury on April 20, 2013. The injured worker was moving a mattress and sustained low back pain. A lumbar MRI performed on November 1, 2013 demonstrated and L4-5 disc bulge that was asymmetric to the left. The disputed issue is a request for a lumbar epidural steroid injection with fluoroscopy. A utilization review on November 25, 2013 had noncertified this request. The stated rationale was that the "examination findings are equivocal 4 and L4 radiculopathy. There is decrease left extensor houses longus and there is some decrease ankle sensation to pinprick that would indicate an L4 radiculopathy." The reviewer felt there was no corroboration from imaging at either level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 and L5 Epidural Steroid Injection under Fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The California Medical Treatment and Utilization Schedule specify on page 47 of the Chronic Pain Medical Treatment Guidelines the following regarding Epidural steroid

injections (ESIs): "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. In the case of this injured worker, there is a lumbar MRI performed on date of service December 4, 2013 which demonstrates and L4-5 diffuse disc bulge asymmetric to the left with a more vocal the central protrusion mildly narrowing the central canal and left lateral recess. There is mild left foraminal entry narrowing and minimal retrolisthesis noted at L4-5. The most recent progress report on December 26, 2013 documents that the patient has weakness in the left extensor hallucis longus, and reduction in sensation to the medial left ankle to pinprick and light touch. Although direct neural impingement is not seen on MRI, patients can experience a chemical radiculitis which can affect the nerve roots. At the L4 5 foramina there is an exit of the L4 nerve root, but the lateral stenosis can also affect the descending L5 nerve root. Given this constellation of clinical findings corroborated by imaging, the request for lumbar epidural steroid injection is recommended for certification.