MAXIMUS Federal Services

Case Number:	CM14-0004957		
Date Assigned:	01/24/2014	Date of Injury:	03/20/2001
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/14/2014

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 patient is a 58-year-old employee of [redacted] with a 3/20/01 date of injury, described as repetitive strain injury. 5/20/13 progress report indicates persistent low back pain radiating down both legs and neck pain radiating down both arms. 6/19/13 electrodiagnostic study demonstrates bilateral S1 radiculopathy. 6/12/13 progress report indicates persistent neck and low back pain radiating to the thigh. Physical exam demonstrates cervical, thoracic and lumbar tenderness. Range of motion of the spine is decreased throughout. There is left psoas, right psoas weakness. 9/19/13 progress report indicates persistent right leg and thigh complaints. Physical exam demonstrates bilateral psoas weakness. Treatment to date has included acupuncture, chiropractic care, massage, medication, activity modification. The patient underwent ACDF C6-7 and lumbar fusion at L4-5 and L5-S1. The patient has undergone bilateral hip replacements.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORMINAL EPIDURAL STEROID INJECTION BILATERAL L3 AND L4:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN , EPIDURAL STEROID INJECTIONS (ESIS), 46

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guidelines (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, electrodiagnostic testing was negative for radiculopathies at the proposed injection levels. While bilateral psoas weakness was noted, psoas innervation does not strictly correlate to the two proposed injection levels. A formal MRI report was not made available for review. Therefore, the request for a transforminal epidural steroid injection was not medically necessary.