MAXIMUS Federal Services

Case Number:	CM14-0004999		
Date Assigned:	02/05/2014	Date of Injury:	10/06/2009
Decision Date:	06/20/2014	UR Denial Date:	01/07/2014
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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California and Nevada. 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 47-year-old who sustained an injury to the low back on October 6, 2009. The mechanism of injury was not documented. The injured worker complained of increasing left lower extremity and radicular pain that travels down the posterior calf at 7-8/10 on the Visual Analogue Scale (VAS). The injured worker stated the pain increases on ambulation and there is some associated numbness, but no weakness. It was noted the injured worker was currently in the process of establishing a primary care physician. The injured worker also stated he has not worked since 2010. Current medications do not help. Physical examination noted peristalsis(muscle contraction) in the left thigh along with left greater than right lower extremity weakness; diffused paralumbar tenderness; pain on flexion and extension; range of motion 70% of normal; straight leg raise positive bilaterally with pain in the L5-S1 distribution bilaterally. There was diminished sensation in the left L4-5 dermatomal distribution bilaterally; difficulty with toe raise and diffuse weakness in the left greater than right lower extremity. The injured worker was diagnosed with lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSORAMINAL EPIDURAL L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, PAGES 46-47

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS (ESIS), 46

Decision rationale: The request for bilateral transforaminal epidural injection at L5-S1 is not necessary. The previous request was denied on the basis that the documentation provided did not contain any imaging or electrodiagnostic studies to corroborate with physical examination findings of an active radiculopathy. The Chronic Pain Medical Treatment Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was also no documentation of failure of conservative treatment such as physical therapy/exercise to treat the symptoms. The Chronic Pain Medical Treatment Guidelines also states the injured worker must be initially unresponsive to conservative treatment (exercises, physical therapy, non-steroidal anti-inflammatory medications (NSAIDs) and muscle relaxants). There was no additional objective significant clinical information provided that would warrant overturning the previous adverse determination. The request for bilateral transforaminal epidural injection at L5-S1 is not medically necessary or appropriate.