MAXIMUS Federal Services

Case Number:	CM14-0007268		
Date Assigned:	02/21/2014	Date of Injury:	10/18/2000
Decision Date:	06/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/20/2014

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 Orthopaedic 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 66-year-old female with a date of injury of October 18, 2000. The mechanism of injury was reported as lifting cases of product, with subsequent back pain. A neurological consultation dated December 5, 2013 is provided for review in support of this request, indicating the injured presents for evaluation after having been followed by several physicians (6 or 7) and treated extensively with six sessions of physical therapy and one epidural injection. The record indicates the injured continues to have severe back pain with radiation to the left hip, the left leg, and all the way to the left foot, with an inability to work normally for the left leg, foot is kept upright due to partial foot drop. The injured had electrodiagnostic (EMG/NCV) studies in the past, but these reports were unavailable at the time of this encounter. The pain is rated 7/10 on the Visual Analogue Scale (VAS). Current medications include gabapentin, Celebrex, hydrocodone, Cymbalta, and Carvedilol. Neurological examination reveals marked left foot drop. Bilateral knee and ankle jerks are noted to be absent. The injured walks with a limp, and cannot perform a heel and toe walk. Straight leg raise is positive on the left at 45° and negative on the right. Good motor strength is noted in the lower extremities. An MRI scan from September 2013 demonstrates multilevel degeneration, collapsed disc space of the L3-4, L4-5, and L5-S1 levels. Anteroposterior (AP) views of the lumbar spine, and lateral x-ray show a lateral subluxation of the L4 over L5. The impression noted is low lumbar nerve root impingement, and cauda equina impingement at the L3-4, L4-5, and L5-S1 levels due to herniated degenerative disc disease and subluxation of the L4 over L5 retrolisthesis. The record notes the claimant will require further investigation, including repeat EMG/nerve conduction studies, and possibly a lumbar myelogram followed with CT scan to better clarify the pathology of the lower lumbar region. The possibility of decompression surgery in the future, depending on the findings of the above diagnostic studies is noted. Additionally, a Progress Report dated

December 3, 2013 is provided for review indicating a diagnosis of lumbar degenerative disc disease, lumbosacral neuritis or radiculitis, knee sprain/strain, and postoperative chronic pain. This progress note references right knee and low back pain with radiation to the bilateral lower extremities, difficulty sleeping at night, pain at the bottom of the left foot, and a notation that a recent L ESI was denied. Physical examination on this report notes only that minimal tenderness to palpation of the thoracolumbar paraspinal muscles and reduced strength of the left hip flexor muscles is present. This note recommends continued pharmacotherapy, continued use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, home exercise program, and self-care. Acupuncture is requested. A progress note from November 2013 references a transfer of care, indicating that the claimant has seen a number of physicians, including a pain management specialist with epidural steroid injections. This note references that physical therapy was provided and the claimant was noted to be a candidate for surgery, but declined surgical intervention for the spine. The injured underwent right arthroscopic knee surgery. This encounter note indicates the injured benefited significantly from prior lumbar epidural steroid injections, particularly with radicular pain, which were provided over a period of time. Consideration is been provided for a spinal cord stimulator. A prior review of this request resulted in a recommendation for non-certification on December 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR EPIDURAL STEROID INJECTION X2: 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, ,

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 , 9792.20-9792.26, 46 OF 127

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence the proposed procedure meets the MTUS guidelines. Specifically, there is no indication of the level at which the bilateral epidural steroid injections have been recommended, nor is there documentation of the level at which the previous epidural steroid injections were provided. Additionally, there is no documentation of the EMG/NCV studies previously provided. When considering the clinical presentation. In the physical examination, it does appear that there may be a clinical indication for the proposed procedure. However, the record does not provide the necessary documentation to determine the radiculopathy is corroborated by imaging and/or electrodiagnostic studies, as the level for which these injections are proposed has not been noted. As such, the requested procedure is deemed not medically necessary due to insufficient clinical data, and a recommendation is made to submit the level of the recommended ESI's, as well as the level the prior epidural steroid injections were

provided. Nonetheless, based on the information available, this recommendation does not meet the guideline criteria. As such, a recommendation is made for non-certification.