MAXIMUS Federal Services

Case Number:	CM14-0009127		
Date Assigned:	02/12/2014	Date of Injury:	08/16/2001
Decision Date:	11/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old female who had a work injury dated 8/16/01. The diagnoses include cervical disc degeneration; cervical radiculopathy ; cervical spine failed back surgery syndrome; status post fusion in the cervical spine; lumbar disc degeneration; lumbar radiculopathy; lumbar spine failed back surgery syndrome; status post fusion in the lumbar spine chronic pain. Under consideration are requests for bilateral L4-S1 transforaminal epidural injection between 12/23/13 and 4/8/14. There is a 1/15/14 authorization appeal for a Lumbar Transforaminal Steroid Injection bilateral L4-Sl modified to bilateral L4-5 traversing root. The document states that the patient complains of chronic low back pain with bilateral lower extremity radiation and which is constant with bilateral right greater than left foot and toe pain. There is bilateral numbness and tingling in the feet and toes. There is motor weakness in the bilateral lower extremities. On physical exam, the patient was noted to be well nourished, well developed, alert/oriented and cooperative. Inspection of the lumbar spine revealed a well-healed surgical scar. Tenderness was noted upon palpation at L4-S1 paravertebral area. Range of motion of the lumbar spine showed flexion at 60 degrees and extension at 10 degrees. Sensory exam showed decreased sensitivity to touch along the L5-S 1 dermatome in both lower extremities. Motor strength was within normal limits bilaterally. Achilles reflexes were decreased bilaterally. Waddell's signs were absent. Bending right and left range of motion is 40 degrees. There is pain with flexion, extension and bending. Straight leg raise performed with the patient in the seated position was positive bilaterally at 40 degrees. EMG/NCV report, dated l 0/9/2013, which indicated the presence of a chronic right S1 radiculopathy with no active lumbar radiculopathy. An MRI of the lumbar spine was performed on 12/5/13. The report of this study noted mild canal stenosis and mild bilateral neuroforaminal narrowing of L3-L4, moderate bilateral neuroforaminal narrowing, central disc

protrusion, and an annular tear at L4-L5, and a grade I anterolisthesis and a bilateral pars defect at L5-S1. The documentation states that the patient failing conservative treatments including drug therapy, activity modification, and physica1 therapy. The documentation indicates that the patient has had prior lumbar epidurals in 2009 with temporary benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 TRANSFORAMINAL EPIDURAL INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also state that if used for diagnostic purposes, a maximum of two injections should be performed and that no more than two nerve root levels should be injected using transforaminal blocks. The request as written exceeds the 2 level recommendation for this injection. The documentation does not indicate subjective or objective findings of L4 radiculopathy corroborated by imaging and electrodiagnostic testing. The request for bilateral L4-S1 transforaminal epidural injection between 12/23/13 and 4/8/14 is not medically necessary.