MAXIMUS Federal Services

Case Number:	CM14-0009704		
Date Assigned:	02/21/2014	Date of Injury:	07/29/2013
Decision Date:	05/29/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 an employee of [redacted] and has submitted a claim for blunt head trauma, cervical sprain/strain, shoulder impingement syndrome, and lumbar disc protrusion associated with an industrial injury date of July 29, 2013. Treatment to date has included oral and topical analgesics, acupuncture and chiropractic therapy. Utilization review dated January 14, 2014 denied the request for L4-L5 ESI x 3 over 2 weeks because the medical records do not substantiate the need for an ESI and three injections are not medically appropriate. Medical records from 2013 were reviewed and showed complaints of headache and pain in the neck, right shoulder and lower back which radiates to the right leg and right lateral aspect of the thigh to the knee. Physical examination of the thoracolumbar spine showed tenderness of the paravertebral muscles. There were no motor or sensory deficits noted. The patient was given oral analgesics and underwent acupuncture sessions which provided the patient little benefit. MRI of the lumbar spine, dated 08/30/2013, documented L3-L4 posterior ligamentous hypertrophy without anterior residual deficit; at L4-L5 there was 4-5mm broad-based protrusion present with moderate bilateral neural foraminal exit zone compromise; at L5-S1, there was lobulated 4-5mm disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 LUMBAR ESI TIMES 3 OVER TWO WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Disorders.

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain documented on physical exam and corroborated on diagnostic studies. Current guidelines recommend no more than two epidural steroid injections. In this case, the patient complains of persistent low back pain however physical examination did not show evidence of radiculopathy. Furthermore, it is not reasonable to perform three consecutive epidural steroid injections within two weeks without first assessing the treatment outcome of initial injection. Therefore, the request for left L4-L5 lumbar ESI times 3 over 2 weeks is not medically necessary.