MAXIMUS Federal Services

Case Number:	CM14-0101306		
Date Assigned:	09/12/2014	Date of Injury:	01/30/1987
Decision Date:	10/28/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 Medicine and is licensed to practice in Texas. 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 76 year old male who sustained an injury to his low back on 01/30/87. The mechanism of injury was not documented. Plain radiographs of the lumbar spine dated 08/04/14 revealed loss of lumbar lordosis; severe degenerative disc disease at L2-S1 with vacuum discs at L2-3 and L5-S1; anterior endplate sclerosis at L2-3, L3-4 lateral listhesis, no abnormal motion on flexion/extension views, no spondylolisthesis; no change compared to prior imaging studies. MRI of the lumbar spine dated 08/04/14 noted multilevel lumbar spondylosis with disc bulges throughout; severe left L3-4 neural foraminal stenosis with bilateral moderate to severe L4-5 foraminal stenosis. No change compared to prior imaging studies. Progress report dated 08/25/14 noted that the injured worker continued to complain of low back pain that is right sided and severe, although his pain is well controlled with pain medications. The injured worker described his low back pain as radiating to the right buttock at 8-9/10 VAS. Physical examination noted ambulation with a cane; normal lordosis; moderate tenderness on palpation over bilateral PSIS and piriformis regions; tenderness over the left facet joints; negative straight leg raising bilaterally; reproduction of left sided low back pain with lumbar extension; muscle strength 5/5 in the bilateral lower extremities; sensation normal in the bilateral lower extremities; reflexes 1+ at the knees/ankles bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Interlaminar injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (Acute & Chronic), Epidural Steroid Injections

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

Decision rationale: The request for 1 lumbar interlaminar injection at L5-S1 is not medically necessary. The basis for previous denial was not specified in the request. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The imaging studies provided did not correlate with recent physical examination findings of an active radiculopathy at the L5-S1 level. The CAMTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is actively participating in a home exercise program. Given this, the request for one lumbar interlaminar injection at L5-S1 is not indicated as medically necessary.