MAXIMUS Federal Services

Case Number:	CM14-0106561		
Date Assigned:	07/30/2014	Date of Injury:	07/15/2001
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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 a 52 year old female who sustained an injury 07/15/2001 when he was involved in a motor vehicle accident. Prior treatment history has included physical therapy, acupuncture, chiropractic, and multiple injections without prolonged relief. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/19/2014 revealed degenerative changes, disc flattening, and herniation, multifactorial and multilevel stenosis. The 1-2mm bulging disc slightly eccentric towards the right does not compress the S1 nerve on the right.Progress report dated 04/25/2014 states the patient presented with complaints of back pain that is constant, rated as 10/10 with radiation to the left buttocks, anterolateral thigh, groin, and sometimes the left lateral leg with numbness, tingling, and weakness. The patient is diagnosed with lumbar spine stenosis, HNP lumbar spine and lumbar spine radiculopathy. The patient was recommended for bilateral epidural steroid injection and her medications were refilled.Prior utilization review dated 06/24/2014 by [redacted] states the request for Bilateral S1-S2 transforaminal Epidural steroid injections is denied as medical necessity has not been established. Patient reported prior SQ injection provided benefit and favorable response, but no functional outcome was documented. Electrodiagnostic studies did not show radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1-S2 transforaminal Epidural steroid injections.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI).

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

Decision rationale: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; patient is initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); and in the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Prior utilization review stated that patient reported that the prior S1 injection provided benefit and favorable response, but no functional outcome was documented. Electrodiagnostic studies did not show radiculopathy and the MRI does not corroborate nerve impingement at S1. Therefore, the medical necessity is not established.