MAXIMUS Federal Services

Case Number:	CM14-0107141		
Date Assigned:	08/06/2014	Date of Injury:	03/08/2005
Decision Date:	10/08/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 Management and is licensed to practice in Tennessee. 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 66-year-old female who has submitted a claim for status post posterior lumbar interbody fusion L5-S1 (07/18/2013) and lumbar spine fusion (07/02/20130 associated with an industrial injury date of 03/08/2005. Medical records from 11/02/2012 to were reviewed and showed that patient complained of lumbar pain graded 4-8/10 radiating down bilateral legs. Physical examination revealed well-healed surgical scar, moderate facet tenderness at L3-5 levels, decreased lumbar ROM, hypesthesia of right L4-S1 and left L4-5 dermatomal distribution, weakness of right L2-5 myotomal distribution and left L4 myotomal distribution, hyporeflexia of right patellar and Achilles tendons, and positive SLR tests bilaterally. MRI of the lumbar spine dated 03/21/2014 revealed moderate bilateral neural foraminal narrowing at L2-3, L3-4, and L4-5 with no documentation of neural compromise. EMG/NCV of lower extremities dated 04/18/2014 revealed multifocal peripheral neuropathy with isolated chronic neuropathic potentials. Treatment to date has included posterior lumbar interbody fusion L5-S1 (07/18/2013), lumbar spine fusion (07/02/2013), physical therapy, chiropractic care, acupuncture and HEP. Of note, there was no documentation of functional outcome concerning aforementioned treatments. Utilization review dated 06/13/2014 denied the request for 1 bilateral L4-5, L5-S1, and S1 transforaminal epidural injection because the requested procedure exceeded the recommended two nerve root level ESI at a time recommendation by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar L4-5,L5-S1Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines recommend ESIs as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. ESIs do not provide long-term pain relief beyond 3 months and do not affect impairment of function or the need for surgery. The criteria for use of ESIs are: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; In this case, the patient complained of low back pain radiating down bilateral legs. Physical findings include hypesthesia of right L4-S1 and left L4-5 dermatomal distribution, weakness of right L2-5 myotomal distribution and left L4 myotomal distribution, hyporeflexia of right patellar and Achilles tendons, and positive SLR tests bilaterally. The patient's clinical manifestations were consistent with focal neurologic deficit. However, MRI of the lumbar spine done on 03/21/2014 did not identify neural compromise. Furthermore, there was no documentation of functional outcome concerning previously received treatments to indicate unresponsiveness to conservative treatment. The request likewise failed to specify if the requested procedure will be done under fluoroscopic guidance per guidelines recommendation. There is no clear indication for lumbar ESI based on the available medical records. Therefore, the request for Bilateral Lumbar L4-5, L5-S1Transforaminal Epidural Injection is not medically necessary.