MAXIMUS Federal Services

Case Number:	CM14-0011050		
Date Assigned:	02/21/2014	Date of Injury:	03/10/2012
Decision Date:	07/15/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 37-year-old male who has submitted a claim for lumbar stenosis associated with an industrial injury date of March 10, 2012.Medical records from 2012 to 2014 were reviewed. The patient complained of lower back pain. Physical examination of the lumbar spine showed normal ROM, no lower extremity weakness, no sensory deficits, and grade 1+ equal and symmetrical DTRs bilaterally. MRI done last March 14, 2013 showed L3-4 1-2mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. Moderate canal stenosis is seen in conjunction with congenital stenosis of the thecal sac. Treatment to date has included ice application, NSAIDs, opioids, muscle relaxants, and physical therapy.Utilization review from January 8, 2014 denied the request for L3-L4 epidural injection with fluoroscopy because the current medical records do not document physical examination findings indicative of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 EPIDURAL INJECTION WITH FLUOROSCOPY: 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 Page(s): page(s) 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include: 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, if used for diagnostic purposes, a maximum of two injections should be performed. In this case, the patient reported that oral pain medications help improve symptoms but not fully. Physical therapy was noted to make the patient's condition worse. MRI done last March 14, 2013 showed L3-4 1-2mm posterior disc bulge resulting in mild bilateral neural foraminal narrowing. However, progress notes from December 2, 2013 failed to show evidences of lumbar radiculopathy. In addition, the request failed to indicate the laterality of the lumbar epidural injection. Therefore, the request for L3-L4 epidural injection with fluoroscopy is not medically necessary.