MAXIMUS Federal Services

Case Number:	CM14-0012273		
Date Assigned:	02/21/2014	Date of Injury:	11/17/1988
Decision Date:	07/03/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	01/30/2014

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 Minnesota and 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 injured worker is a 59-year-old male who reported an injury on 11/17/1988. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 04/01/2014, the injured worker complained of low back pain along with lumbar radiculopathy. The injured worker described the pain on average as getting worse, moderate to severe. He reported pain, numbness, and tingling into both legs. Upon the physical exam, the provider noted the injured worker had pain in the left lower back and left lower extremity, along with right lower back pain and right lower extremity pain. Range of motion was limited in all directions. The provider noted the injured worker to have a positive straight leg raise bilaterally and strength 4+/5. The provider noted decreased extensor hallucis longus on the right and decreased hamstring strength bilaterally. The provider also noted, on the sensory exam, decreased L5 on the right. The provider noted deep tendon reflexes were normal. The injured worker underwent a computed tomography (CT) myelogram dated 03/28/2014, which revealed severe foraminal stenosis on the right at L2-3 in the region of previous fusion and left moderate foraminal stenosis at L2-3. The diagnoses included lumbar post-laminectomy, facet arthropathy, sacroiliitis, lumbar disc displacement, and lumbar/thoracic radiculitis. The provider requested 1 therapeutic bilateral lumbosacral transforaminal epidural steroid injection (ESI) at S1-2. However, a rationale was not provided for review within the documentation. The Request for Authorization was provided and dated 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) THERAPEUTIC BILATERAL LUMBOSACRAL TRANSFORAMINAL ESI AT S1-2: 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 (ESI) Page(s): 46.

Decision rationale: The request for 1 therapeutic bilateral lumbosacral transforaminal epidural steroid injection at S1-2 is non-certified. The injured worker complained of left and right low back and lower extremity pain. He reported numbness and tingling into both legs. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing. The MTUS guidelines note the injured worker must have initially been unresponsive to conservative treatment, exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. There was lack of documentation indicating the injured worker to have been unresponsive to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. The clinical documentation submitted indicated the injured worker to have a positive straight leg raise bilaterally. However, there was a lack of significant findings of radiculopathy in the clinical documentation submitted, including decreased sensation, decreased reflexes, and decreased strength in the S1-2 distribution. Additionally, the prior computed tomography (CT) myelography did not reveal corroboration of imaging findings positive of a cause of radiculopathy at the requested level. Therefore, the request is non-certified.