MAXIMUS Federal Services

Case Number:	CM14-0113639		
Date Assigned:	08/01/2014	Date of Injury:	09/01/2011
Decision Date:	09/11/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 57-year-old male who reported an injury on 09/01/2011. The mechanism of injury was not provided. On 06/13/2014, the injured worker presented with low back pain that radiates to the right anterior leg with numbness in his toes. Upon examination, there was an antalgic gait, a negative straight leg raise, and 5/5 strength to the L4 bilaterally. MRI of the lumbar spine revealed degenerative changes, bulging and foraminal stenosis mainly at L4-5. The diagnoses were lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine HNP/bulge, and lumbar spine radiculopathy. Prior treatments included an epidural steroid injection and medications. The provider recommended a bilateral L4 transforaminal epidural steroid injection x1, and noted that the injured worker had had a 75 to 80% improvement after these injections for about 7 to 8 months. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 Transforaminal Epidural Steroid Injection X 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: According to the California MTUS, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review lacked evidence of failure to respond to conservative treatment. An MRI was noted to reveal degenerative changes and bulging foraminal stenosis in the L4-5. Physical exam findings included a negative bilateral straight leg raise, motor strength 5/5, and no sensory deficits were noted. In summary, there was a lack of evidence that the injured worker had failed to respond to conservative treatment; there was a lack of corroboration of radiculopathy with imaging studies and physical examinations; and there was a lack of documentation showing a plan for active therapy following injection. The provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted. As such, the request is not medically necessary and appropriate.

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