MAXIMUS Federal Services

Case Number:	CM14-0125383		
Date Assigned:	08/11/2014	Date of Injury:	07/23/2011
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopaedic Surgery 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 52-year-old male sustained an industrial injury on 7/23/11. Injury occurred when he slipped and fell on a trailer bed of a work truck. The patient was treated for low back and radicular complaints. Conservative treatment included medication, activity modifications, physical therapy, epidural steroid injections, exercise and other modalities. The 4/24/14 pain management report indicated the patient had some improvement following the lumbar epidural steroid injection performed 3/17/14. However, the clinical exam findings are unchanged from 2/27/14, including pain levels. The 5/7/14 treating physician report cited constant grade 4-5/10 sharp stabbing low back pain radiating to lower extremity which was unchanged from the 2/27/14 and 4/24/14 reports. The 5/20/14 lumbar MRI impression documented 5 mm right broad-based extrusion at L5/S1 mildly displacing the right S1 nerve root. There was no osseous canal stenosis but epidural lipomatosis did moderate to severely compress the theca. There was bilateral neuroforaminal narrowing without nerve root involvement. There was a 4-5 mm disc bulge at L4/5 that flattened the anterior thecal sac with bilateral neuroforaminal narrowing without obvious impingement of the exiting L4 nerve roots. There was a congenitally small canal and component of epidural lipomatosis with mild to moderate canal stenosis at L3/4 and slight canal narrowing at L2/3. The 6/24/14 pain management report cited constant sharp stabbing pain radiating to the lower extremity with numbness, tingling, weakness, heaviness, spasms, foot drop or unstable gait. He was taking multiple medications with pain level grade 6-7/10. The physical exam documented normal gait, difficulty with heel/toe walk, 2+ global tenderness to palpation, quadriceps atrophy, marked loss of range of motion, and positive straight leg raise. Patellar reflexes were absent bilaterally. Light touch sensation was decreased in the left lateral thigh. Motor function was intact bilaterally. The treatment plan recommended right transforaminal epidural steroid injection at L4/5 and L5/S1 on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Steroid Injection, right L4-5, L5-S1 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's (epidural steroid injections) Page(s): 46.

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

Decision rationale: The California MTUS supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The guideline criteria have not been met. There is no evidence in the medical records to suggest that the patient improved with the 3/17/14 epidural steroid injection. The progress reports from 2/27/14 to 4/24/14 are essentially unchanged. There is no evidence that the patient achieved guideline-required improvement of at least 50% pain reduction for 6 to 8 weeks with an associated reduction in medications. Given the absence of such documentation, this request is not medically necessary.

Monitored Anesthesia Care QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Epidural steroid injections (ESIs), therapeutic.

Decision rationale: As the requested epidural steroid injection is not medically necessary, this request is also not medically necessary.

Epidurography QTY: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Epidural steroid injections (ESIs), therapeutic.

Decision rationale: As the requested epidural steroid injection is not medically necessary, this request is also not medically necessary.