MAXIMUS Federal Services

Case Number:	CM14-0141197		
Date Assigned:	09/10/2014	Date of Injury:	06/14/2010
Decision Date:	11/05/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 Illinois. 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 42-year-old female who reported an injury of unspecified mechanism on 06/14/2010. On 06/12/2014, her diagnoses included low back pain, lumbar disc displacement, lumbar radiculopathy, and lumbar postlaminectomy syndrome. Her complaints included low back pain rated 6/10. She stated that the pain shoots across her back and that she has sciatica to the right leg after prolonged sitting, with numbness, paresthesias and weakness. It was noted that she had tried ice, heat, NSAIDs and lumbar steroid epidural injections with no improvement in her pain. Her treatment plan included a request for a right transforaminal LESI. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Steroid 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 Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief, and use should be

in conjunction with other rehabilitation efforts, including a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection. They do not effect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. Additionally, the injections should be performed using fluoroscopy for guidance. There was no evidence of corroboration of a diagnosis of radiculopathy by imaging and/or electrodiagnostic studies. There was no evidence of unresponsiveness or failed trials of conservative treatment. The level of the spine to be injected was not specified in the request. The request did not specify either unilateral or bilateral injection. Additionally, the request did not include fluoroscopy for guidance. Therefore, this request for right transforaminal steroid injection is not medically necessary.

Monitored Anesthesia Care: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California ACOEM Guidelines note that manipulation under anesthesia and medication assisted spinal manipulation is not recommended for acute, subacute, and chronic low back pain. Manipulation under anesthesia cannot be recommended, because high quality studies do not exist and the procedure has significant associated risks. The guidelines do not support this request. Therefore, this request for monitored anesthesia care is not medically necessary.

Epidurography: 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: As the primary service is not medically necessary, this associated service is also not medically necessary.