MAXIMUS Federal Services

Case Number:	CM14-0153245		
Date Assigned:	09/23/2014	Date of Injury:	07/03/2005
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 72-year-old female with a 7/3/05 injury date. The mechanism of injury was lifting a heavy piece of luggage. In a follow-up dated 8/13/14, subjective complaints included low back pain and bilateral lower extremity radiation. Objective findings included decreased plantar reflexes. There are no documented imaging studies. An EMG/NCV study on 7/12/13 was normal. Diagnostic impression: lumbar radiculopathy. Treatment to date: lumbar decompression, medications, physical therapy. A UR decision on 9/2/14 denied the request for lumbar epidural steroid injection at bilateral L3-4 on the basis that the patient has not yet had a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumber epidural steroid injection at bilateral L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS does not support epidural injections in the absence of objective evidence of radiculopathy. In addition, MTUS criteria for the use of epidural steroid

injections include an imaging study documenting correlating concordant nerve root pathology, as well as conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following the previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in this case, this patient has not yet had a lumbar MRI. This is especially important in light of the negative EMG/NCV study reported from 2013. Any positive physical exam findings must be corroborated with an imaging study such as MRI before the medical necessity of the request can be established. Therefore, the request for 1 lumber epidural steroid injection at bilateral L3-4 is not medically necessary.