MAXIMUS Federal Services

Case Number:	CM14-0156200		
Date Assigned:	09/26/2014	Date of Injury:	04/05/2014
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 49-year-old male with a reported date of injury of 04/15/2014. The mechanism of injury was not listed in the records. The diagnoses included lumbar discogenic myofascial pain, disc protrusion at L5-S1, and left lumbar radicular syndrome. The past treatments included physical medication and physical therapy. There was no diagnostic imaging submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 08/14/2014 included sharp low back pain with numbness and tingling to the left leg which was rated at 6/10 on the VAS pain scale. The physical examination to the lumbar spine was restricted. The injured worker had 75% of flexion and only 60% of extension. There was no tenderness to palpation and the straight leg raise was positive on the left. The range of motion in the bilateral hips was unrestricted and within functional limits. The sensory examination revealed decreased light touch on the left lateral leg. The motor strength examination revealed 5/5 in all major muscle groups, including the bilateral lower extremities. The deep tendon reflexes were +2 bilaterally and the tested reflexes were knee jerks and ankle jerks. The medications were not documented in the records. The treatment plan was to perform an epidural steroid injection. A request was received for an epidural steroid injection left L4/L5. The rationale for the request was to relieve pain. The Request for Authorization form was dated 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI left L4-L5: 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 injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines state that epidural steroid injections are recommended as an option for radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). The criteria for use of epidural steroid injections are as follows: radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (such as exercises, physical methods, NSAIDs, and muscle relaxants); and injections should be performed using fluoroscopic (live x-ray) for guidance. The injured worker has chronic low back pain. There was a lack of documentation regarding conservative treatment, (if the injured worker had failed any exercises, physical therapy methods, NSAIDs, or muscle relaxants). Additionally, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and while there appears to be radiculopathy documented on the physical examination, it was not corroborated by any imaging or electrodiagnostic studies. Finally, the request as submitted did not specify if it was going to be performed under fluoroscopic guidance, which is recommended by the guidelines. Given the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.