MAXIMUS Federal Services

Case Number:	CM14-0156329		
Date Assigned:	09/25/2014	Date of Injury:	02/06/2007
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
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 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 59-year-old female with a reported date of injury on 02/06/2007. The mechanism of injury was not noted in the records. The injured worker's diagnosis included lumbago. The injured worker's past treatments included pain medication, physical therapy, and surgical intervention. The injured worker's diagnostic testing included MRI of the lumbar spine performed on 07/22/2014 which revealed desiccated mild L4-5 degenerative disc disease with 5 mm anterolisthesis of L4 on L5 resulting in a moderate central spinal canal stenosis, moderate severe right and moderate left neural foraminal stenosis with impingement on the right L4 nerve root. The MRI also noted desiccated moderate L5-S1 degenerative disc disease with moderate severe bilateral neural foraminal stenosis impinging on both L5 nerve roots. The injured worker's surgical history included a laminectomy. The subjective complaints on 08/05/2014 included neck and back pain rated 8/10 to 9/10. The physical exam to the lumbar spine noted mild restrictions to active range of motion and passive range of motion was restricted secondary to pain. The patellar reflex on the right and left were rated 2/4 and the Achilles reflex on the right and left were rated 1/4. The sensation to the lower legs was normal to light touch except for bilateral thighs and upper lower legs. The injured worker's medications included Ambien, Celexa, Flector patch, amitriptyline, Cymbalta, Soma, and Norco. The treatment plan was to perform an epidural steroid injection. A request was received for bilateral L4 versus L5 transforaminal epidural steroid injection. The rationale for the request was to relieve pain. The Request for Authorization form was dated 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 vs L5 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections may be recommended to treat radicular pain and facilitate progressive and active treatment programs when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also state that documentation should reveal that failure of conservative care such as physical therapy, exercise, NSAIDs, and muscle relaxants. Additionally, injections should be performed under fluoroscopic guidance. The injured worker was noted to have chronic low back and neck pain. There was a lack in the clinical notes specifically documenting tried and failed conservative care therapies. Additionally, the request as submitted did not specify if it was to be performed under fluoroscopic guidance as recommended by the guidelines. In the absence of tried and failed conservative care documentation and no proper indication that the request is going to be performed under fluoroscopic guidance, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.