MAXIMUS Federal Services

Case Number:	CM14-0183634		
Date Assigned:	11/10/2014	Date of Injury:	06/11/2014
Decision Date:	12/18/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 39-year-old male who reported an injury on 06/14/2014 while pulling on a pallet jack. He was diagnosed with lower back pain with left sided radiculitis with L5-S1 large extruded disc. His past treatments were noted to include physical therapy, use of a lumbar support, medication, and a home exercise program. Pertinent diagnostic studies were noted to include an x-ray of the lumbosacral spine showing mild disc space narrowing of L5-S1 and an MRI of the lumbar spine which showed a "17 mm central/left paracentral L5-S1 disc extrusion", which contacted the traversing left S1 nerve root and mildly narrowed the left aspect of the spinal canal. The documentation submitted for review did not provide pertinent surgical history nor relevant medications. The orthopedic evaluation, dated 09/09/2014, noted the injured worker complained of low back pain. Upon physical examination the injured worker had tenderness to the left SI joint and decreased sensory in the left L5-S1 nerve root distribution. His motor strength was noted to be within normal limits bilaterally and equal. The treatment plan was noted to include pain management, continue his home exercise program, and take medication as needed. A request was received for lumbar epidural steroid injection to L5-S1 x2; however, the rationale for the request was not indicated in the documentation submitted for review. Request for Authorization was also not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumber epidural steroid injection, L5-S1 x2: 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 Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection, L5-S1 x2 is not medically necessary. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The guidelines recommend repeat injections only after the prior injection has been proven to be effective in reducing pain and medication use, and increasing the patient's functional ability. The injured worker had decreased sensation to the L5-S1 dermatomes; however, there was no evidence of disturbed deep tendon reflexes, decreased strength, or a positive straight leg raise. The requesting physician did not provide an official report for the lumbar spine MRI. The request as submitted does not indicate whether the injections will be performed under fluoroscopic guidance. Additionally, the guidelines do not recommend repeat injections until after the efficacy of the prior injection is demonstrated. As such, the request is not medically necessary.