MAXIMUS Federal Services

Case Number:	CM14-0021217		
Date Assigned:	05/09/2014	Date of Injury:	02/05/2011
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational Medicine 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 patient is a 57-year-old female who has submitted a claim for lumbar disc protrusions, stenosis, and radiculopathy associated with an industrial injury date of February 5, 2011.Medical records from 2013 to 2014 were reviewed. The patient complained of worsening lower back pain with right leg pain. Physical examination showed tenderness over the lumbosacral spine, positive SLR on the right, and decreased sensation in the right L5 distribution. EMG/NCV from August 27, 2013 showed chronic bilateral L5 radiculopathy. Official results of MRI of the lumbar spine from 2013 were not included in the medical records. Treatment to date has included NSAIDs, opioids, home exercise programs, physical therapy, and lumbar epidural steroid injections. Utilization review from January 29, 2014 denied the request for repeat epidural injection under fluoroscopic guidance due to absence of corroborating evidence of radiculitis/radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EPIDURAL INJECTION UNDER FLUOROSCOPIC GUIDANCE: 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 9792.24.2 Epidural Steroid Injections Page(s): 46.

Decision rationale: According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, the patient was noted to have had several lumbar epidural steroid injections. EMG/NCV from August 27, 2013 showed chronic bilateral L5 radiculopathy. Official results of MRI of the lumbar spine from August 27, 2013 were not included in the medical records. The patient reported improvement of symptoms after an epidural steroid injection at L5-S1 last October 23, 2013. However, there was no documentation of subjective quantification of pain relief and duration. In addition, physical examination findings are equivocal for radiculopathy. Progress report from January 21, 2014 showed positive SLR on the right for radicular pain. Degree of hip flexion and specific location of pain on SLR were not mentioned. Lastly, the request failed to indicate the levels and laterality of the requested epidural steroid injection. The request is incomplete. Therefore, the request for repeat epidural injection under fluoroscopic guidance is not medically necessary.