MAXIMUS Federal Services

Case Number:	CM14-0024019		
Date Assigned:	06/11/2014	Date of Injury:	12/22/2002
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/25/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 55-year-old female who was injured on 12/22/2002. The diagnoses are lumbar radiculopathy, knee pain, myofascial pain syndrome and depression. The MRI of the lumbar spine showed L5-S1 disc bulge and spinal stenosis. The patient had completed PT and home/ gym exercises. Past trigger point injections provided greater than 60% reduction in pain for more than 6 weeks. The patient is currently ambulating with the help a walker and utilizing Home Maker / Home health services. The medications are listed as Norco and Neurontin for pain, Seroquel for depression, Xanax for anxiety and Ambien for sleep. The records from [redacted] indicated that Zoloft and some medications had been discontinued following non certification with resultant increase in pain and depression. On 1/9/2014, the provider noted objective findings of paraspinal muscle spasm, decreased range of motion of the lumbar spine and positive Straight Leg Raising test. The patient indicated a desire to avoid or delay lumbar spine surgery. A Utilization Review determination was rendered on 1/28/2014 recommending non certification of Outpatient L5-S1 transforaminal lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PROCEDURE: EPIDURAL STEROID INJECTION TO L5-S1 WITH THE TRANSFORMINAL APPROACH: Overturned

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 California MTUS addressed the use of epidural steroid injections for the treatment of lumbar radiculopathy that is non responsive to conservative management with medications and physical therapy. The presence of radiculopathy should be documented by subjective, objective and radiological and or EMG/NCS findings. Epidural steroid injections can lead to reduction in pain, swelling/inflammation and medication utilization as well as increase in function/ADL. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient wishes to avoid or delay surgery. There is reduced efficacy with the current medications and physical therapy. The criteria for the Outpatient L5-S1 transforaminal epidural steroid injections was met, therefore this request is medically necessary.