MAXIMUS Federal Services

Case Number:	CM14-0027580		
Date Assigned:	06/13/2014	Date of Injury:	01/21/1992
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 65 year old male with a date of injury 1/21/1992. He is status post a remote decompression and fusion involving the L4-5/L5-S1 interspaces. He has developed increased right leg discomfort. The treating Orthopedist and consulting Pain Management specialist have both reported L4 nerve dysfunction with corresponding weakness and sensation loss. Electro diagnostics have confirmed a right-sided L4 radiculopathy with early re-innervation. CT scanning shows diffuse degenerative changes at multiple levels. Potential compressive changes are noted at the L3-4 level thought to be secondary to "junction" stenosis. Medical documentation post the Peer Review documents that no prior epidural injections have been trialed at the L3-4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION, UNDER FLUOROSCOPIC GUIDANCE AT THE L3-L4 LEVEL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: It appears that the prior Peer Review non-authorized the epidural injection based on interpretation that there has been a prior epidural to this area and the Review states that a radiculopathy had not been demonstrated. Both of these interpretations appear to be in error. There has not been a prior epidural injection at this level and there is clear documentation of a radiculopathy involving the right L4 nerve root. The radiculopathy is documented in 2 physicians evaluations and is confirmed with eletrodiagnostics. The request for an initial epidural trial is consistent with MTUS guideline standards and medically necessary.