MAXIMUS Federal Services

Case Number:	CM14-0028365		
Date Assigned:	04/07/2014	Date of Injury:	01/30/1986
Decision Date:	05/08/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Management, and is licensed to practice in 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 injured worker is a 71-year-old male with a date of injury of January 30, 1986. The mechanism of injury was not noted within the documentation. The injured worker had a diagnosis of degenerative joint disease at L2-3, L3-4, L4-5, and L5-S1. The injured worker was seen on December 4, 2013 for a follow-up appointment. The injured worker had lumbar spine pain bilaterally in the lumbosacral region, which radiates more to the left than right. The injured worker reported intermittent hamstring pain and cramping feeling in the calves. The physician noted the injured worker does not appear to have radicular pain. The injured worker had a spinal operation in 1977, which he did state did help him. The injured worker was able to return to work for an industrial laundry, doing deliveries. The injured worker does not take medications for pain or muscle spasms. There was no objective physical exam completed at this office visit. As part of the treatment plan and follow-up, the injured worker was referred for an epidural steroid injection. The injured worker has been given epidural steroid injections previously three years prior in which provided the injured worker improved greater than 50% and the improvement lasted for over a year following the injection per the physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

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: The Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of epidural steroid injections are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and should be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs], and muscle relaxants.) Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication for six to eight weeks. The injured worker does not have radicular pain and symptoms. It was also noted the injured worker currently does not take medications for pain, nor does he take medication for muscle relaxants. Upon physical exam, the injured worker had a negative straight leg raise bilaterally at 80 degrees, causing lumbar pain but not referred pain down either leg. The injured worker had full range of motion of both hips, and rotational movement which caused back pain, but not referred pain to his hips or groin. The physician did reviewed the MRI scan of September of 2006, which noted due to collapse of interspace and protruding disc, there is multilevel foraminal narrowing. However, there was a lack of documentation of objective findings upon physical exam. There was no documented objective functional improvement documented from the last injection. The request is for a lumbar epidural steroid injection; however, the levels were not noted on the request. The request for an LESI is not medically necessary or appropriate.