MAXIMUS Federal Services

Case Number:	CM14-0029982		
Date Assigned:	06/20/2014	Date of Injury:	03/27/2006
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 46 year old female who reported an injury on 03/27/2006 due to a fall. The injured worker was complaining of low back pain that felt like burning, dull, aching sensation with numbness and cramping into the leg. She states that the worst pain was in the left ankle. Physical examination on 02/10/2014 showed no ability to dorsiflex; plantar flexion, inversion and eversion are limited at the left ankle by 60% of normal. There is decreased sensation to light touch in the left lateral aspect of the ankle to the mid shin and positive pain down the lateral calf and medial hamstrings. Electromyography study on 12/12/2013 showed L4 and L5 radiculopathy. The injured worker has been treated by multiple pain providers. She stated that she had physical therapy, chiropractic treatments, and medication management with opioids and non-opioids in the past. Surgery on the left ankle took place on 11/04/2008. The injured worker was started on gabapentin 300mg one three times daily and lidocaine 5% gel. The treatment plan was for lumbar transforaminal epidural steroid injection for left L4 and L6. The rationale was not submitted. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection for Left L4 and L6: Upheld

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, 47.

Decision rationale: The request for lumbar transforaminal epidural steroid injection for the left L4 and L6 is not medically necessary. The injured worker does have radiculopathy. California Medical Treatment Utilization Schedule states epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. The injured worker has no reported home exercise program or physical therapy. Also it must be documented that the patient is initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxant). The injured worker started on gabapentin. Documentation of pain relief or failure should be noted. Therefore, per MTUS guidelines the request is not medically necessary.