MAXIMUS Federal Services

Case Number:	CM14-0032654		
Date Assigned:	06/20/2014	Date of Injury:	07/01/1989
Decision Date:	08/06/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Interventional Spine 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 73 year old with an injury date on 7/1/89. Patient complains of lower back pain with radiation to buttocks, left groin, and left leg. Patient had prior L5 epidural steroid injection 3 years ago and they gave dramatic relief per 1/30/14 report. Medications are not effective, and his pathology has remained unchanged in past 3 years per 1/30/14 report. Based on the 2/13/14 progress report provided by [redacted] the diagnoses are: 1. spinal stenosis; LUMBR WO CLAUD. 2. lumbosacral spondylosis. 3. acquired spondylolisthesis. 4. Sciatica. 5. thoracic or lumbosacral neuritis or radiculitis, unspecified Exam on 1/30/14 showed "hip range of motion is smooth, complete, pain-free. L4-L5 and L5-S1 tenderness to palpation with limitations in lumbar extension/flexion. He has L5 sensation loss and positive straight leg raise." [redacted] is requesting left L2, L3, and L5 transforaminal epidural steroid injection via epidurogram under moderate sedation and left L2-3 and L5-S1 facet injections via fluroscopy under moderate sedation The utilization review determination being challenged is dated 2/25/14 and does not provide a rationale for denial. [redacted] is the requesting provider, and he provided treatment reports from 9/28/13 to 4/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2, L3 & L5 Transforaminal Epidural Steroid Injections via Epidurogram under moderate sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with lower back pain. The provider has asked for left L2, L3, and L5 transforaminal epidural steroid injection via epidurogram under moderate sedation on 2/13/14. MRI dated 2/13/14 showed at L5-S1, a Grade 1-2 anterolisthesis and bilateral L5 spondylosis with mild disc bulge and facet arthropathy, as well as facet arthropathy at L2-3. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. MTUS guidelines recommend no more than 2 level injections for transforaminal approach, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient had prior epidural steroid injections 3 years ago with good pain relief per 1/30/14 report. However, the request is for 3 level injections and the patient does not present with dermatomal distribution of pain in L2 or L3 levels. It is not known why the provider is asking for injections at these levels. Recommendation is for not medically necessary.

Left L2-3 & L5-S1 Facet Injections via Fluroscopy under moderate sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS ODG guideline, low back, online for diagnostic facet blocks: (http://www.odg-twc.com/odgtwc/low_back.htm#Facetinjections)

Decision rationale: This patient presents with lower back pain. The provider has asked left L2-3 and L5-S1 facet injections via fluroscopy under moderate sedation on 2/13/14. Regarding facet injections, ODG guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. However, this patient has radicular symptoms, decreased reflexes in left ankle, and a positive straight leg raise, and has a diagnosis of radiculopathy. Facet evaluations are not recommended when radiculopathy is present. Recommendation is for not medically necessary.