MAXIMUS Federal Services

Case Number:	CM14-0034213		
Date Assigned:	06/20/2014	Date of Injury:	08/14/2013
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 Orthopedic Surgery 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 injured worker is a 54 year-old male who was reportedly injured on 8/14/2013. The mechanism of injury is noted as hanging/lifting cabinetry. The most recent progress note dated 2/6/2014 (initial pain console) indicates that there are ongoing complaints of severe back pain with radiating pain going down into the right leg. Pain is described as aching, nagging, sharp, throbbing, and constant in nature. The patient's pain level is reported as 10/10 on a 0-10 scale. The physical examination demonstrated the thoracolumbar posture of the lumbar spine is noted to be well preserved with no splinting. The skin had no surgical or traumatic scars, burns are visible, and it was intact with no bruising or redness. The patient's gait was normal; heel/toe ambulation causes no increase in back pain. Positive tenderness to palpation over paraspinal muscles at L3, L4, and L5. Diagnostic imaging studies include an MRI of the lumbar spine performed on 9/27/2013 reveals lumbar spondylosis L3-L4, L4-L5, and L5-S1. It also revealed L5-S1, 3 mm posterior disc protrusion. L4-L5, 3 mm posterior osteophyte disc complex more prominent laterally, moderate narrowing of the neural foramina bilaterally. X-rays of the lumbar spine from 8/30/2013 revealed degenerative findings, disc narrowing at L4-5 small lumbar and-place burrs. Surgical clips noted in the right upper quadrant. Previous treatment includes Norco, Flexeril, Acupuncture, Orthopedic consultation and a pain management consultation. A request was made for Lumbar Epidural Steroid Injection at L3, L4, and L5, and was not certified in the pre-authorization process on 2/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection @ L3, L4, and L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 46 Page(s): 46 of 127.

Decision rationale: Epidural Steroid Injections (ESI's) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). An ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. According to the chronic pain treatment guidelines criteria for use of ESIs the following criteria must be present. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostics testing. The patient must initially failed conservative treatment to include exercises, physical methods, and says, and must relaxants. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. This treatment alone offers no significant long-term functional benefits. After reviewing the medical documentation and physical exam findings of this 54-year-old male with chronic back pain and radiating right leg pain. There are no objective clinical findings on physical examination to document radiculopathy, or are there corroborated imaging studies/electrodiagnostic testing confirming radiculopathy. Therefore, this procedure is deemed not medically necessary.