MAXIMUS Federal Services

Case Number:	CM14-0040074		
Date Assigned:	06/27/2014	Date of Injury:	12/13/2011
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 50-year-old female who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis, unspecified, and sciatica associated with an industrial injury date of December 13, 2011. Medical records from 2014 were reviewed. The patient complained of low back pain radiating down to both legs, particularly on the left side. Physical examination showed a positive straight leg raise in the left lower extremity. Neurologic examination was normal. MRI of the lumbar spine revealed degeneration and annular tear at L5-S1 with some facet joint arthropathy and some foraminal narrowing. Electrodiagnostic studies obtained on December 13, 2013 revealed abnormal results consistent with left L5 and bilateral S1 nerve root impingement--mild at the L5 root, and mild to moderate grade at the S1 roots particularly on the left. There may be a very mild underlying demyelinating peripheral neuropathy affecting both sensory and motor fibers. The diagnosis was lumbosacral strain/arthrosis/discopathy with foraminal stenosis, status post prior lumbar spine surgery. She had previously received three epidural injections for the lower back. Treatment plan includes a request for bilateral L4-L5 and L5-S1 epidural injections.Treatment to date has included oral analgesics, muscle relaxants, low back surgery, lumbar epidural injections, physical therapy, home exercises, acupuncture, and chiropractic therapy. Utilization review from March 19, 2014 denied the request for bilateral L4-L5 and L5-S1 three epidural injections because the date of previous lumbar epidural injections, level/s in which the injections were administered, and evidence of specific and sustained functional benefit were not discussed. Also, there was no objective evidence of radiculopathy on the recent records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 three epidural injections: Upheld

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

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

Decision rationale: According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; no more than 2 ESI injections; and repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, there was no objective evidence of radiculopathy based on the most recent physical examination and MRI of the lumbar spine. Moreover, response to previous lumbar epidural injections was not discussed. The date and level where the injections were administered were also not mentioned. In addition, the guideline does not support greater than 2 ESI injections. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for bilateral L4-L5 and L5-S1 three epidural injections is not medically necessary.