MAXIMUS Federal Services

Case Number:	CM14-0041875		
Date Assigned:	06/30/2014	Date of Injury:	05/07/2013
Decision Date:	07/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 and Pain Medicine 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 49 year old male who reported an injury on 05/07/2013 due to lifting an object that was too heavy with his forklift in the presence of his supervisor. The injured worker stated that with the past epidural steroid injection at L5-S1 gave him close to 30% to 40% pain relief. Physical examination revealed that the injured worker had severe latissimus dorsi spasms, right greater than left, but both were in spasm. The injured worker had decreased range of motion, flexion was 75 degrees and extension was 10 degrees. Left and right rotation/extension caused him pain, which was evidence of facet disease bilaterally. Right and left rotations were 20 degrees with pain in his low back going down his right leg. MRI dated 10/09/2013 revealed that there was mild disc bulges at L3-L4, L4-5 and L5-S1. There was a disc protrusion at L5-S1 which contacted the ventral aspect of the spinal nerve. The injured worker has diagnoses of Lumbar diskogenic disease at L5-S1, L4-L5 with nerve root compression and cervical diskogenic disease at C4-C5, C5-C6, C6-C7 and C7-T1 with anteriolisthesis and nerve root compression. The injured worker has had physical therapy, an ESI at L5-S1 and medication therapy. Medication the injured worker was noted to be taking was Naproxen. No dosage or frequency documented. The treatment plan is for Epidural steroid injection at L4-5 under fluoroscopy. The rationale was not submitted for review. The request for authorization form was submitted on 11/15/2013 by [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection @ L4-5 under fluroscopy: 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: The request for Epidural steroid injection at L4-5 under fluoroscopy is non-certified. The injured worker stated that with the past epidural steroid injection at L5-S1 gave him close to 30% to 40% pain relief. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. They must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The reports submitted for review lack any evidence of radiculopathy at the L4-L5 level. MRI dated 10/09/2013 revealed that there was a disc protrusion at L5-S1 which contacted the ventral aspect of the spinal nerve. But not at the L4-L5 level. The report lacked evidence of there being any radicular pain at L4-L5. Evidence must be documented and be corroborated with MRI. Given the above, the request for Epidural steroid injection at L4-5 under fluoroscopy is not medically necessary.