MAXIMUS Federal Services

Case Number:	CM14-0044847		
Date Assigned:	07/02/2014	Date of Injury:	04/06/2000
Decision Date:	08/13/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Georgia. 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 54 year old male who was injured on 04/06/2000 when he fell at work. He was treated conservatively with 3 epidural steroid injections and lumbar facet joint medial branch radio frequency lesioning and received relief in his symptoms. Diagnostic studies reviewed included an MRI of the lumbar spine with and without contrast revealed moderate degenerative changes in the lumbar spine. There was no high-grade central canal or foraminal narrowing at any level. A consultation note dated 03/25/2014 indicates the patient complained of severe pain across his low back. He reported the pain does interfere with activities of daily living and he cannot stand for prolonged periods of time. The pain does radiate into the bilateral gluteal regions. He has been taking Meloxicam and Cyclobenzaprine for pain control. He has been treated with physical therapy but reports no improvements in symptoms. On exam, there is tenderness to palpation over the midline segments in the mid to lower lumbar spine and bilateral facet joint regions. Range of motion is limited with lumbar range of motion producing severe pain across his back. Lumbar rotation caused right-sided lower lumbar pain. There was some weakness with left foot dorsiflexion strength testing graded as a 5-/5 and left foot eversion strength testing graded as a 5-/5; plantar flexors 5/5 bilaterally; and peroneus longus 5/5 bilaterally. He was assessed to have lumbar intervertebral disc degeneration, lumbar without myelopathy intervertebral disc displacement, lumbar spondylosis without myelopathy; lumbar or thoracic spine radiculopathy. He has been recommended for a series of lumbar epidural steroid injections as it is felt that he is a good candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injections Lumbar 4-5 and Lumbar 5-Sacral 1 QTY:3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic), Epidural Steroid injections).

Decision rationale: The California MTUS, Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Per the MTUS, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Official Disability Guidelines (ODG) recommends epidural steroid injections for radiculopathy (due to herniated nucleus pulpous, but not spinal stenosis). The ODG further notes that Objective findings on examination need to be present and must be corroborated by imaging studies and/or electrodiagnostic testing. The current MTUS and the ODG do not recommend a series-of-three injections, recommending no greater than two epidural steroid injections in the initial phase. The MRI dated 2/28/2014 notes: Patent central canal; Mild biforaminal narrowing at L4-L5; Patent central canal; and patent foramina at L5-S1. Examination findings from [redacted] office note from 03/25/2014 note reproduction of pain across the low back, along with right and left side lower lumbar pain. Straight-leg testing is reported as negative bilaterally. Lower extremity strength testing was reported as normal, with the exception of 5-/5 strength reported with left foot dorsiflexion (tibialis anterior, L4) and left foot eversion (peroneus longus, brevis, and tertius, S1). [redacted] clinic note from 4/16/2014 notes only that his exam is Unchanged. Given the lack of documented objective physical examination findings of radiculopathy, as well as the lack of corroborating imaging findings to support presence of radiculopathy at the spinal levels requested for epidural steroid injections, based on the MTUS and ODG guidelines and criteria, Lumbar Epidural Injections Lumbar 4-5 and Lumbar 5-Sacral 1 is not medically necessary.