MAXIMUS Federal Services

Case Number:	CM14-0047805		
Date Assigned:	06/25/2014	Date of Injury:	02/05/1993
Decision Date:	08/13/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 56-year-old male who sustained an injury to his low back on 02/05/93 after being involved in a motor vehicle accident. The injured worker complained of low back pain. A magnetic resonance image of the lumbar spine dated 12/23/13 revealed L2-3 slight retrolisthesis, mild disc bulge, and minimal facet arthropathy; L3-4 disc bulge and facet arthropathy; L4-5 disc bulge and facet arthropathy and mild bilateral neural foraminal compromise; L5-S1 minimal disc bulge and mild right neural foraminal compromise. Physical examination noted tenderness at L4 through S1 in the lumbar spine; lower lumbar paraspinal spasms; positive bilateral straight leg raise; sensory normal; reflex functions normal; range of motion full; and decreased sensation at right L4 and L5 dermatomes. Treatment to date has included acupuncture, medications, chiropractic care, and transcutaneous electrical nerve stimulation unit. The injured worker reportedly failed physical therapy in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Steroid Injection vs. Facet Injection, L2, L3, L4, L5, and S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injections Page(s): 1-127, 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, 19th edition, Integrated Treatment/Disability duration

Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks (Injections) and Facet joint Pain, Signs and Symptoms.

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

Decision rationale: There were no consistent objective findings of radiculopathy on physical examination. The California Medical Treatment Utilization Schedule (CA MTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request is for four levels. The California MTUS also states that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Given the excessiveness of the request and absence of an active radiculopathy at the requested levels, the request for lumbar epidural steroid injection versus facet injections at L2-3, L3-4, L4-5, and L5-S1 is not indicated as medically necessary.