MAXIMUS Federal Services

Case Number:	CM14-0050528		
Date Assigned:	07/07/2014	Date of Injury:	01/31/2003
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old female with a work injury dated 1/31/03. The diagnoses include chronic low back pain. Under consideration is a request for lumbar epidural steroid injection, L5-S1 and post injection physical therapy 2 x 3 lumbar.There is a primary treating physician report dated 10/5/13 that states that the he patient was last seen on 05/15/13. The patient, since last visit, had an epidural steroid injection last July and she states that she is so much better with a pain level 2/10. She feels occasional "pinch on the right side of the lower back," Her pain is not throbbing and she is doing home exercise program. On exam she is walking with a somewhat guarded posture with a standard cane. otherwise, her gait has significantly improved. Lumbar flexion is 70 to 80 degrees and extension is 15 degrees. Neurological exam is intact. Straight leg raising is negative bilaterally. The impression is improved chronic low back pain after the epidural steroid injection last July. The treatment plan was continue medications and home exercise.There is a primary treating physician report dated 3/19/14 that states that the patient was last seen on 10/05/13. She stated that she has been feeling increasing pain the last few months, as the effect of the injection has been wearing off. She stated once "it gets up there," the pain in the lower back and hips, not down the feet. Pain level now is 5 to 6/10. She is not participating in a home exercise program due to the pain. She tries to walk. On exam the patient is walking with a guarded posture. She is using a standard cane to relieve her symptoms. She has decreased range of motion in the low back. The reflexes are diminished, but symmetrical. Muscle strength in the lower extremity is 4+/5due to pain give away. Straight leg raising is negative bilaterally with guarding. The impression is chronic low back pain with flare-up. The treatment plan includes continue home exercise program and stretching. There is a request for authorization for an epidural steroid injection as well as a follow up physical therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)p.45 Page(s): 45.

Decision rationale: Lumbar epidural steroid injection, L5-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) There are no electrodiagnostic or imaging studies supporting a diagnoses of radiculopathy on the documentation submitted. The documentation submitted does not reveal that the patient's physical exam has a dermatomal specific distribution of pain with corroborative findings of radiculopathy. Without these findings the request for lumbar epidural steroid injection, L5-S1 is not medically necessary.

Post injection physical therapy 2 x 3 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)p.45 Page(s): 45.

Decision rationale: Post injection physical therapy 2 x 3 lumbar is not medically necessary as it was deemed elsewhere in this review that the Lumbar epidural steroid injection, L5-S1 was not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines.