MAXIMUS Federal Services

Case Number:	CM14-0053089		
Date Assigned:	07/07/2014	Date of Injury:	06/27/2012
Decision Date:	09/05/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/22/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 sustained a work related injury on 6/27/2012 as a result of lifting a 50 pound sack when he felt a sharp pain in his back. Since then the patient has had near constant lower back pain that radiates to his bilateral lower extremities with his pain 7.5/10. Upon examination he has a moderate muscle spasm and tenderness along the quadratus lumborum and lower lumbar paraspinals bilaterally. Muscle strength is 5/5 throughout the lower extremities, except with right hip measured as 4/5 without delineating which muscle or group of muscles are weakened, with 2/4 symmetrical deep tendon reflexes. Tactile and sharp stimuli are normal and symmetrical in all dermatomes between L1 to S1 bilaterally. The patient has a negative straight leg raise. An MRI obtained on 10/29/2012 demonstrates a L4-L5 broad based disc bulging with moderate to severe central canal stenosis, mild bilateral neuroforaminal stenosis without nerve compression and an L5-S1 disc bulge. An electromyography/nerve conduction velocity (EMG/NCV) study obtained on 10/28/2013 identifies a bilateral L5 radiculitis. His current treatment regimen includes Naproxen, Cyclobenzaprine, Norco and Omeprazole. In dispute is a request for bilateral L5 transforaminal epidural steroid injections under fluoroscopy and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural steroid injection under fluoroscopy and conscious sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 46.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "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, with a general recommendation of no more than 4 blocks per region per year".The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. As there is neither the complaint of radicular symptoms, no documentation of radicular symptoms that are collaborated with either electrodiagnostic testing or imaging studies, I find the request for ESI not medically necessary.