MAXIMUS Federal Services

Case Number:	CM14-0054579		
Date Assigned:	07/07/2014	Date of Injury:	12/23/2013
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 Orthopedic Surgery and is licensed to practice in California and Texas. 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 40-year-old who reported an injury on December 23, 2013. The mechanism of injury was the injured worker was changing parts on a tractor. The diagnoses included lumbago, lumbar/lumbosacral disc degeneration, and lumbosacral neuritis NOS, as well as lumbar spinal stenosis. The injured worker underwent an MRI of February 21, 2014 per the physician documentation which revealed a grade I spondylolisthesis at L5-S1 and a posterior disc bulge versus disc osteophyte complex at L5-S1 level contributing to bilateral neural foraminal stenosis. Additionally, there were noted to be Modic endplate changes in the inferior endplate of L5 and the superior endplate of S1. There was loss of signal intensity within the disc at L4-5. There was bilateral neural foraminal stenosis at the L5-S1 level. The documentation of March 19, 2014 revealed the injured worker had low back pain and bilateral leg pain. The documentation indicated the injured worker's prior treatments included physical therapy, ibuprofen, and flector patches. The physical examination revealed sensation to light touch was intact in the bilateral lower extremities; however, the injured worker complained of paresthesias in the form of numbness in the posterolateral aspect of the lateral lower extremities. The injured worker had 5/5 motor function. The diagnoses include grade I spondylolisthesis at the level of L5-S1 with degenerative disc disease at L4-5 and L5-S1. There was bilateral neural foraminal stenosis at the L5-S1 level and the L4-5 level. The clinical picture was noted to be consistent with that of paresthesias in the bilateral L4 distribution. An additional diagnosis included degenerative disc disease at L4-5 and L5-S1 levels. The treatment plan included a bilateral L4 transforaminal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 transforaminal injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for the treatment of chronic pain. There should be documentation of objective findings of radiculopathy, as well as documentation that radiculopathy is corroborated by imaging studies. There should be documentation of a failure of conservative care including exercise, physical therapy, NSAIDs (non-steroidal anti-inflammaotry drugs), and muscle relaxants. The clinical documentation submitted for review indicated the injured worker's physical examination had no myotomal or dermatomal findings. The MRI that was supplied for review failed to indicate the injured worker had nerve compression. There was a lack of documentation indicating a failure of conservative therapies. Given the above, the request for bilateral L4 transforaminal injections is not medically necessary. Additionally, the request as submitted failed to indicate how many injections were being requested. Given the above, the request for bilateral L4 transforaminal injections is not medically necessary or appropriate.