MAXIMUS Federal Services

Case Number:	CM14-0057268		
Date Assigned:	07/09/2014	Date of Injury:	08/18/2010
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/28/2014

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 Pain Medicine and is licensed to practice in 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 57 year old male who sustained an injury to his low back on 08/18/10. An agreed medical evaluation dated 05/10/12 concluded that future care should include orthopedic evaluation, analgesic medications, and anti-inflammatories. Further surgical intervention was not recommended. Electrodiagnostic studies (EMG/NCV) of the right lower extremity dated 02/14/13 was normal, except for prolonged right peroneal nerve F-wave latency and mild prolonged superficial peroneal nerve sensory distal latency across the ankle. Plain radiographs were obtained on 04/03/13 demonstrated degenerative disc disease and scoliosis of the lumbar spine. It was noted that the injured worker had previous epidural steroid injection a few months prior that provided some benefit. Physical examination noted normal gait; forward flexion with fingertips to ankles; unremarkable lateral bending and side-bending; positive straight leg raise on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (Epidural Steroid Injection) at L3-4 (Lumbar 3-4), Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the Use of Epidural Steroid Injections.

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

Decision rationale: The previous request was denied on the basis that the clinical records did not establish evidence of sensory, motor, or reflex changes on physical examination that would cause concern for radiculopathy stemming from lumbar spine. Additionally, electrodiagnostic studies did not reveal evidence of L3-4 radiculopathy. As noted in the MTUS Chronic Pain Guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS Chronic Pain Guidelines also states that in the therapeutic phase, repeat block 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. As such, the request is not medically necessary and appropriate.

PT (Prothrombin Time) and PTT (Partial Thromboplastin Time): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus Medical Encyclopedia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Preoperative lab testing.

Decision rationale: The requested epidural steroid injection has not been certified, and as such, pre-operative workup would not be indicated. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request is not indicated as medically necessary.