MAXIMUS Federal Services

Case Number:	CM14-0061945		
Date Assigned:	07/09/2014	Date of Injury:	01/18/2010
Decision Date:	09/10/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 41-year-old male with a 1/18/10 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/4/14, the patient stated that he was getting radicular symptoms down the right lower extremity. He stated that his radicular symptoms are mostly with lying down. He had pain with sitting and standing for any prolonged periods of time or rotating. His pain radiated around the right side of his hip to the groin area. Objective findings: negative tenderness in the paralumbar musculature, parathoracic musulature, posterior superior illiac spine rigion; diminished sensation in lower extremities. An MRI report dated 9/27/13 revealed right paracentral disc extrusion superimposed upon a disc bulge at L4-L5 which severely narrows the light lateral recess and right neural foramen, likely affecting both the traversing right L5 and exiting right L4 nerve roots; left lateral protrusion at L3-L4 which does not definitely contact the exiting left L3 nerve root; no other disc herniation, central canal stenosis or significant neuroforaminal narrowing. Diagnostic impression: status post lumbar spine surgery for lumbar herniated disc, radiculitis right lower extremity.Treatment to date: medication management, activity modification, physical therapy.A UR decision dated 4/1/14 denied the request for lumbar epidural steroid injection for L4-5 spine x 2. Although the patient was diagnosed as having diminished sensation in a lower extremity, the physician has failed to indicate the approximate location and of which extremity. Furthermore, the patient does not have any diagnostic testing to corroborate with any neurological deficits relating to a specific dermatomal distribution. Lastly, the documentation does not indicate the patient has undergone sufficient postoperative physical therapy prior to requesting an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection for L4-5 spine times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints; 9792.24.2 Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. There is no documentation that the patient has failed conservative therapy. In fact, according to a 3/4/14 progress note, the provider is requesting additional physical therapy for the patient. In addition, although the patient was diagnosed as having diminished sensation in a lower extremity, the physician has failed to indicate the approximate location and of which extremity. Therefore, the request for Lumbar epidural steroid injection for L4-5 spine times 2 was not medically necessary.