MAXIMUS Federal Services

Case Number:	CM14-0063932		
Date Assigned:	07/11/2014	Date of Injury:	11/16/2012
Decision Date:	08/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 61-year-old woman who sustained a work-related injury on November 16, 2012. Subsequently, she sustained chronic low back pain. The patient past medical history was significant for hypercholesterolemia, heart attack, hypertension, kidney or bladder disease, cancer, and diabetes. The patient underwent anterior cervical fusion on February 12, 2013. According to a progress report dated March 26, 2014, the patient reported ongoing severe lumbar pain radiating down the legs. The pain severity was rated as 9/10. The pain is exacerbated by walking and sitting and alleviated by lying down. .The pain caused secondary depression and sleep problems. The pain was associated with numbness radiating to both arms and legs. Her physical examination showed negative Rhomberg test, normal heel-to-toe gait and normal deep tendon reflexes ere symmetric at the patella and Achilles with no clonus. Her Musculoskeletal examination was normal. The patient had antalgic gait. The patient was diagnosed with low back pain, degenerative disc disease of the lumbar spine, cervical degenerative disc disease, degenerative disc disease of the cervical spine with myelopathy, and breast carcinoma.lumbar spine L5-S1 x ray showed persistent small left paraforaminal disc extrusion narrows the left subarticular recess; persistent moderate left and mid right neural foraminal narrowing; and stable small bilateral S2-3 sacral Tartov cyst. Electromyography of the spine dated February 21, 2013 documented left C6 radiculopathy and bilateral L5-S1 radiculopathy. The MRI of the lumbar spine dated December 13, 2012 documented disc protrusion at the C5-C6 level, disc bulging at C6-C7, L3-L4, L4-L5, L5-S1. The MRI of the lumbar spine dated April 22, 2014 showed multilevel disc degenerative changes L2-S1 with central posterior annulus tears and mild broad posterior disc protrusions that efface the epidural fat but do not appear to cause significant central canal stenosis. There is some minimal nerve root abutment of the descending left S1 nerve root within the left lateral recess at L5-S1 but no nerve root displacement or impingement

is identified at this or any other level. Findings were not significantly changed from prior comparison examinations of 2012 or 2013. The progress report dated May 22, 2014 that the patient reported pelvic and lumbar pain radiating to the left leg. She rated the pain as 10/10. These symptoms were reported since November 2012. The patient's treatment included epidural steroid injections and medications (Percocet, Valim, Norco, Keflex, Lexapro, Lamictal, Clonazepam, Seroquel, and Metformin). The provider request authorization for lumbar spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of Three Lumbar Epidural Steroid Injection L5-S1: 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): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no signficant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Furthermore, repeat epidural injection is considered only if there is at least 50% pain improvement after the first injection for at least 6 to 8 weeks. A series of 3 epidural injection cannot be approved in advance without proof of efficacy of prior injections. Therefore, series of three lumbar epidural steroid injection L5-S1 is not medically necessary.