MAXIMUS Federal Services

Case Number:	CM14-0076811		
Date Assigned:	07/18/2014	Date of Injury:	06/27/2005
Decision Date:	12/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family 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:

Injured worker was a 65 year old female whom experienced an industrial related injury on 06/27/05. She was evaluated 04/16/13 and complained of chronic low back pain. She experienced a fall on 06/27/05 when she tripped over a curb while at work falling backwards and striking her head. Her medical treatment included a lumbar laminectomy on 09/12/05, but she remained symptomatic. At that time, the physician felt she had residual discopathy at L4-5 level. She also had a L4-L5 posterior interbody fusion and interbody prosthesis with posterior spinal segmental instrumentation and iliac crest bone grafting. Postoperatively she attended physical therapy, she had improvement of her back pain but had progressive right lower extremity pain, but could not tolerate land-based rehabilitation. Cervical MRI was performed 08/21/06 which showed cervical spondylosis with C4-C5 mild-to-moderate spinal stenosis with compression of the anterior spinal cord associated with mild focal myelomalacia. Cervical treatment included an anterior fusion at C4-C5 on 09/18/06 with improvement. The worker had two epidural steroid injections, but there was no objective documentation providing evidence she had experienced 50% improvement for 6 to 8 weeks following the prior injection. A visit encounter dated 11/18/13 noted she had no pain, which satisfied the 50% improvement criteria at4 weeks, but there was no documentation indicating she had obtained 50% improvement for 6 to 8 weeks following the last injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection on Right S1-2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment; Chapter 12, Low Back Complaints Page(s): 46-47 and 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

Decision rationale: Regarding the request for sacral spine epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The request is not reasonable as there is no indication that pain is radicular in nature or that there is radiculopathy on physical examination and corroborated by imaging studies and/or electrodiagnostic testing and that pain has been unresponsive to conservative treatment.