MAXIMUS Federal Services

Case Number:	CM14-0077161		
Date Assigned:	07/18/2014	Date of Injury:	05/11/2012
Decision Date:	09/12/2014	UR Denial Date:	05/05/2014
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 Physical Medicine and Rehabilitation 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 64 year-old patient sustained an injury on 5/11/12 while employed by [redacted]. Request under consideration include Lumbar Epidural Steroid Injection L4-5. Diagnoses include lumbosacral spondylosis. Report of 3/13/14 from the provider noted the patient with ongoing chronic low back pain rated at 9/10; left leg and foot/toe pain rated at 7/10; right hip pain rated at 9/10. Exam noted patient using cane to ambulate; tenderness and spasm throughout paraspinal muscles; limited lumbar range of motion with flex/ext/lateral bending/rotation of 35/10/10/20 degrees; positive SLR bilaterally. Medications list Flexeril, Ibuprofen, and Hydrocodone. IT was noted the patient was s/p one lumbar epidural steroid injections with 60% improvement. Treatment included repeating LESI and Toradol IM. The request for Lumbar Epidural Steroid Injection L4-5 was non-certified on 5/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-5: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This 64 year-old patient sustained an injury on 5/11/12 while employed by [redacted]. Request under consideration include Lumbar Epidural Steroid Injection L4-5. Diagnoses include lumbosacral spondylosis. Report of 3/13/14 from the provider noted the patient with ongoing chronic low back pain rated at 9/10; left leg and foot/toe pain rated at 7/10; right hip pain rated at 9/10. Exam noted patient using cane to ambulate; tenderness and spasm throughout paraspinal muscles; limited lumbar range of motion with flex/ext/lateral bending/rotation of 35/10/10/20 degrees; positive SLR bilaterally. Medications list Flexeril, Ibuprofen, and Hydrocodone. IT was noted the patient was s/p one lumbar epidural steroid injections with 60% improvement. Treatment included repeating LESI and Toradol IM. The request for Lumbar Epidural Steroid Injection L4-5 was non-certified on 5/5/14. Review indicated report of 1/21/14 from the provider noted the patient s/p LESI with 55% improvement. Report of 2/25/14 noted the patient had undergone a second LESI with 60% improvement for 8 weeks; however, report of 3/13/14 noted low back pain level to be 9/10 with use of cane to ambulate and noted more loss of balance. It is unclear exactly how many LESI the patient has undergone as multiple reports identified different percent of functional improvement. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported differing % of improvement post previous multiple injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2012 injury. Criteria for repeating the epidurals have not been met or established. The Lumbar Epidural Steroid Injection L4-5 is not medically necessary and appropriate.