MAXIMUS Federal Services

Case Number:	CM14-0081021		
Date Assigned:	07/28/2014	Date of Injury:	06/27/2003
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

The injured worker is a 70-year-old male who suffered work-related injuries to his low back while performing his usual and customary duties as a supervisor for the [redacted]. He has a surgical history of lumbar fusions at levels L3-L4 (2005), L4-L5 (1987), and L5-L6 (1986). The injured worker recently underwent removal of 8 contact peripheral stimulating electrodes and implantation of new Medtronic generator and magnetic resonance imaging-safe 8 contact electrodes last October 24, 2013. The injured worker's work status is permanent and stationary. Progress reports dated January 16, 2014 through June 20, 2014 were reviewed. The reported noted the injured worker's primary complaints of moderate-to-severe back pain and gluteal area pain, radiating to the right thigh and right buttock. Pain level ranges from 8-10/10. Physical examination findings remained consistent for tenderness and spasms over the lumbar musculature, posterior superior iliac spine, and sacroiliac joint. Right straight leg raise was positive and lumbar ranges of motion were diminished in all planes. The injured worker was observed to have an antalgic gait and utilized a cane for ambulation. The neurological examination findings dated January 16, 2014 revealed diminished sensation to pinprick along the right L5 and S1 nerve root distribution. The injured worker received trigger point injections to the right gluteus area on March 14, 2014 and May 5, 2014. For both trigger point injections, the injured worker reported experiencing "reduction of pain for three weeks" until the pain gradual returned soon after. Recent progress report dated July 11, 2014 indicated complaints of moderate-severe low back and gluteal pain, which the injured worker described as worsening. He rated his pain as 8/10. He was observed to have an unsteady gait and utilized a cane. Thoracic and lumbar spine exam demonstrated reduced ranges of motion with moderate pain and tenderness over the paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Sacral Right S1 TF: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter, Chapter 12 Low Back Complaints Page(s): 289-291,308-310,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain and indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Based from the medical records received for review, there was a lack of imaging or diagnostic studies that indicates clinical findings of radiculopathy. Additionally, the injured worker's physical examination findings and neurological findings lack consistent evidence of positive orthopedic and neurological testing indicating specific radiculopathy corresponding to the S1 nerve root. Therefore, it can be concluded that the medical necessity of transforaminal epidural sacral right S1 TF is not medically necessary at this time.

IV Sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 289-291, 308-310,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The medical necessity of the transforaminal epidural sacral right S1 TF has not been established in order to determine the necessity for intravenous sedation. Therefore, it can be concluded that intravenous sedation is not medically necessary at this time.