MAXIMUS Federal Services

Case Number:	CM14-0082311		
Date Assigned:	07/21/2014	Date of Injury:	10/24/2011
Decision Date:	11/20/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/03/2014

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:

Injured worker (IW) is a 58 year old male who sustained an industrial injury on 10/24/11. 01/19/12 lumbar MRI demonstrated disc bulge at L4-5 with disc material abutting the exiting foraminal nerves. Modest facet joint hypertrophy and a mild disc bulge were noted at L5-S1, without evidence of central canal stenosis or nerve root impingement. No back surgery is documented. Per office notes, EMG studies were consistent with L4-5 radiculopathy. Conservative treatments had included physical therapy (PT), medications, and a series of 3 bilateral transforaminal epidural steroid injections (ESIs) completed in 2013. Following the first ESI in May 2013 IW reported 50% decrease in pain and improved ability to participate in PT. 05/14/13 PT note stated that effects of ESI were beginning to wear off. ESI #2 on 07/12/13 was noted to provide 50-60% relief per 08/21/13 office note, but pain level was documented as 8/10 on 10/17/13. 04/03/14 office note stated there was 50-60% relief following ESI on 12/13/13. Current pain level was 7-8/10 and low back pain was noted to be getting worse. On exam quadriceps atrophy was present but muscle strength was 5/5 to both lower extremities. Deep tendon reflexes were absent at the knees. Sensation as reduced in the bilateral lateral thighs as well as the right lateral calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

MID L5-S1 lumbar steroid injection, monitored anesthesia care, epidurography: 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 Page(s): 46 of 127.

Decision rationale: MTUS criteria for epidural steroid injections (ESIs) require objective evidence of radiculopathy per physical exam, corroborated by imaging studies and/or electrodiagnostic testing. Previous injections were at L4-5. No objective evidence for radiculopathy is documented for the requested level of injection. Therefore, medical necessity is not established for ESIs at L5-S1.