MAXIMUS Federal Services

Case Number:	CM14-0084222		
Date Assigned:	07/21/2014	Date of Injury:	01/20/2005
Decision Date:	09/09/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/05/2014

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 & 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 66-year-old female who reported an injury on 01/20/2005 when she began to notice discomfort, stiffness, and lower back pain radiating to the right buttocks and lower extremity. The injured worker had a diagnosis of sciatica, lumbar disc displacement without myelopathy, and disorders of the sacrum. The past treatments included multiple physical therapy sessions, pool therapy, multiple epidural steroid injections at the L4-5 region, ice, heat and thermacare heat wraps. The MRI dated 04/20/2005 revealed a disc desiccation at the L4-5 with a 1 mm central and right-sided disc protrusion, a mild disc desiccation at the L3-4 with a 1 mm to 2 mm diffused disc bulge. The MRI dated 12/21/2007 revealed a lateral disc bulging at the L4-5 and subligamentous dis protrusion at the L3-4 and an annulus bulge at the L5-S1 with multilevel disc degeneration. The MRI dated 05/15/2014 revealed 4 mm disc extrusion antidepressants the L3-4 with annular fissure and moderate left foraminal stenosis. Foraminal stenosis at the L4-5 and L5-S1. Per the objective findings dated 05/21/2014 to the lumbar spine revealed a positive straight leg raise on the left with spasms and guarding, with dorsiflexion strength a 4/5 on the right. Normal muscle tone without atrophy to bilateral lower extremities. The medications included Thermacare back wrap, Flector patch, Relpax, Topamax 25 mg, Xyzal 5 mg, and Norco. The current treatment plan was for the individual to have the epidural steroid injection, proceed with her pool therapy, physical therapy, and medication regimen. The rationale for the epidural steroid injection. The Request for Authorization dated 09/27/2013 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Lumbar Epidural Steroid Injection L4 and L5 to include Epidurogram, IV (Intravenous) Sedation, Fluoroscopic Guidance, and contrast Dye (05/21/2014 - 07/21/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The California MTUS guidelines recommend for an Epidural Steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. The California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Per the clinical notes, the injured worker had radiculopathy; however, per the Clinical Notes the injured worker was responsive to the physical therapy and has been responsive to the medication. Per the physical therapy notes dated 08/20/2012, the injured worker tolerated her exercises well and would continue with her mild conditioning core work and pool equipment and was able to participate 100%. Per the Clinical Note dated 05/21/2014, the injured worker is taking Norco; however, no efficacy regarding the medication regimen was documented. The objective findings to the lumbar spine were dated 05/21/2014 were vague. The injured worker also uses ice and heat on her back which are decreasing some of her back pain. As such, the request for bilateral Transforaminal Lumbar Epidural Steroid Injection L4 and L5 to include Epidurogram, IV (Intravenous) Sedation, Fluoroscopic Guidance, and contrast Dye (05/21/2014 - 07/21/2014) is not medically necessary and appropriate.