MAXIMUS Federal Services

Case Number:	CM14-0088406		
Date Assigned:	07/23/2014	Date of Injury:	11/20/2010
Decision Date:	08/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with date of injury of 11/20/2010. The listed diagnoses per [redacted], dated 05/02/2014, are: 1. Lumbar disk herniation at L4-L5 and L5-S1 with mild-to-moderate neuroforaminal narrowing. 2. Bilateral L5 pars fracture. 3. Disk herniations of the cervical spine. 4. Cervical stenosis. According to this report, the patient complains of constant stabbing pain in his low back with radiating numbness down his right leg, extending to his heel. He does have difficulty sleeping at night secondary to his pain complaints. He rates his pain 7/10 on the pain scale. The objective findings show the patient is alert and oriented, in no acute distress. His gait is mildly antalgic. He has diffuse tenderness to palpation. He has limited range of motion of the lumbar spine in all planes. Lower extremity sensation is intact. Motor strength demonstrates 4+/5 right TA, EHL, inversion, and eversion; 5/5 right hand strength and plantar flexors. Straight leg raise on the right at 60 degrees elicits radiation of pain down the right leg to the distal calf. The utilization review denied the request on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for transforaminal epidural steroid injections at Lumbar 4, Lumbar 5, and Sacral 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's, pages 46,47 Page(s): 46, 47.

Decision rationale: This patient presents with low back pain radiating down his right leg and heel. The treater is requesting a transforaminal epidural steroid injection at L4, L5, and S1. The MTUS guidelines, pages 46 and 47, on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. In addition, no more than 2 nerve root levels should be injected using transforaminal blocks. The only report provided for review does not document an MRI of the lumbar spine. This report dated 05/02/2014 showed a positive straight leg raise on the right at 60 degrees, eliciting radiating pain down the right leg down to the distal calf. In this case, MTUS requires a corroborating imaging studies that explains the patient's radicular symptoms. No MRI's are provided for this review and the treater does not discuss it either. The treater also asks for 3 level injections which is not supported by MTUS therefore request for transforaminal epidural steroid injections at Lumbar 4, Lumbar 5, and Sacral 1 is not medically necessary.