MAXIMUS Federal Services

Case Number:	CM14-0092345		
Date Assigned:	07/25/2014	Date of Injury:	05/30/2008
Decision Date:	09/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 Illinois. 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 51-year-old male who reported an injury on 05/30/2008, the mechanism of injury was not provided. On 05/28/2014, the injured worker presented with lower back pain radiating to the left lower extremity. Upon examination there was normal reflex, sensory and power testing to the bilateral upper and lower extremities and suffered diffuse lower left extremity numbness. There was a negative bow string and straight leg raise with minimal lumbar spine tenderness and spasm. There is decreased range of motion by about 20%. An MRI dated 10/17/2013 of the lumbar spine revealed normal compression. Diagnoses were a postlaminectomy, instability L4-5 with L5 spondylolisthesis, HNP L5-S1 with instability and status post L4-S1 ALDF, 07/14/2009 with possible radiculitis. Prior treatment included medications. The provider recommended a lumbar epidural steroid injection from L4-S1 and physical therapy, the provider's rationale for the epidural steroid injection was to treat radiating lower back pain to the left lower extremity. The Request for Authorization form for the lumbar epidural steroid injection was dated 11/19/2013.

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-S1 Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injection.

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

Decision rationale: The request for a lumbar epidural steroid injection from L4-S1 with a quantity of 1 is not medically necessary. According to the California MTUS, and epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review noted normal reflex, sensory and power testing to the bilateral upper and lower extremities with diffuse numbness to the lower left extremity. There was a negative straight leg and bow string test with minimal lumbar spine tenderness and spasm. There is decreased range of motion by about 25%. An MRI of the lumbar spine noted mild degenerative disc disease with no neural compression. The documentation of radiculopathy documented by physical examination and corroborated with imaging studies. Additionally, there is lack of documentation on if the injured worker had failed a trial of conservative treatment to include medications and physical therapy. Additionally, the documentation failed to show that the injured worker would be participating in an active treatment program following the requested injection. The provided documentation did not indicate the use of fluoroscopy for guidance in the request as submitted. Based on the above, medical necessity has not been established.