MAXIMUS Federal Services

Case Number:	CM14-0186702		
Date Assigned:	11/14/2014	Date of Injury:	03/04/2014
Decision Date:	01/05/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/10/2014

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 47 year old male with an injury date of 03/04/14. The 09/30/14 report by Dr. [redacted] states that the patient presents with intermittent back and lower back pain rated as 3/10. Aggravating factors include getting up in the morning, lifting and sitting for long periods. The patient appears to be working with restrictions. Examination shows tenderness to palpation of the bilateral lumbar, sacral and midline areas of the back with decreased range of motion. The 09/09/14 examination states the patient has constant lower back pain with radiation to the lower extremity, positive straight leg raise on the right, and decreased sensation in the L-5 dermatome. The 04/09/14 MRI lumbar spine provides the following impression: 1. L2-3: 2 mm broad based disc bulge, facet and ligamentum flavum hypertrophy are present, which results is bilateral neural foraminal narrowing.2. L3-4; 4 mm broad based disc bulge, facet and ligamentum flavum hypertrophy are present with result in moderate canal stenosis and moderate bilateral neural, foraminal narrowing, left greater than right.3. L4-5: 3 mm broad based disc bulge present with tear seen within the right paracentral portion of the disc. Facet and ligamentum hypertrophy is also present. Findings result in canal stenosis and moderate bilateral neural foraminal narrowing.4. L5-S1: 1-2 mm broad based disc bulge and facet arthrosis is present which results in bilateral neural foraminal narrowing, left greater than right. The patient's diagnoses include lumbar sprain/strain; lumbar sprain/strain, acute - condition improved; and thoracic/lumbosacral neuritis radiculitis unspecified (09/09/14 report). The utilization review being challenged is dated 10/01/14. The rationale is that no imaging or EMG/NCS studies were submitted to corroborate radiculopathy. Reports were provided from 03/27/14 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Lumbar Caudal Epidural Injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: The provider requests for a single lumbar caudal epidural steroid injection. MTUS pages 46 and 47 state that epidural steroid injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement." The provider states in the request for authorization (RFA) dated 08/19/14 that the request is due to a diagnosis of "lumbar radicular syndrome." There is no evidence of a prior lumbar epidural steroid injection for this patient in the reports provided. Examination reveals "lumbar pain radiating to the lower extremity, positive straight leg raise on the right and decreased sensation in the L5 dermatome." The 04/19/14 MRI of the lumbar spine states "L3-L4, 4 mm broad based disc bulge" with "mild canal stenosis" and "L4-L5, 3 mm broad based disc bulge" with "mild canal stenosis." In this case, radicular symptoms are confirmed by examination findings and corroborated by imaging study. Therefore, this request is medically necessary.