MAXIMUS Federal Services

Case Number:	CM14-0190494		
Date Assigned:	11/21/2014	Date of Injury:	06/24/1981
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 New York. 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 70-year-old male who reported an injury on 06/24/1981. The mechanism of injury was not provided. The medications included NSAIDS. The surgical history was non-contributory. The documentation of 10/14/2014 by way of orthopedic consultation indicate the injured worker had increased low back pain and recurrent pain and tingling involving bilateral buttocks and thighs with occasional radiation into the legs. The injured worker was performing self-directed stretching and strengthening exercises. The injured worker had no focal weakness or loss of sensation. The injured worker stated his symptoms were resistant to over the counter NSAIDs. The physical examination revealed the injured worker had a slowed gait. The bilateral lower extremities revealed normal motor and sensory examination. The injured worker underwent x-rays in the office, which revealed low grade L5-S1 isthmic spondylolisthesis with moderate to severe bilateral neural foraminal stenosis. The diagnoses include chronic low back pain with intermittent L5 radicular symptoms and degenerative L5-S1 isthmic spondylolisthesis with moderate to severe bilateral neural foraminal narrowing. Treatment plan included a referral to a pain management specialist and epidural steroid injections. The injured worker underwent an MRI of the lumbar spine without contrast on 05/23/2014, which revealed at L5-S1 there was anterolisthesis with pars and interarticularis defects and disc bulging and bulging defects into the bilateral neural foramina. This created bilateral L5-S1 lateral recess and neural foraminal stenosis affecting both exiting L5 nerve roots, right more than left. There was a Request for Authorization dated 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there are objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostics or MRI findings. There should be documentation of a failure of conservative care, including exercise, physical medicine, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had pain that was unresponsive to NSAIDs. However, there was a lack of documentation of a failure of conservative care, including exercise, physical medicine, and muscle relaxants. Additionally, there was a lack of documentation of objective radicular findings to support the necessity for an epidural steroid injection. Also the request as submitted failed to indicate the laterality. Given the above, the request for Epidural Steroid Injection L5-S1 is not medically necessary.

Pain Management Referral: 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 and Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend upon ruling out a potentially serious condition, conservative management is provided, and if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the physician opined the injured worker needed a pain management referral and a possible epidural steroid injection. There was a lack of documentation indicating the injured worker had trialed medications with the exception of over the counter medications. There was a lack of documentation of a failure of conservative management. Given the above and the lack of documentation, the request for Pain Management Referral is not medically necessary.