MAXIMUS Federal Services

Case Number:	CM14-0190967		
Date Assigned:	11/24/2014	Date of Injury:	02/26/1979
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

This 83 year old male sustained a work related injury on 02/26/1979. On 06/13/2014, the injured worker received a lumbar epidural steroid injection to the L4-5 level on the right under fluoroscopy. As of an office visit dated 07/09/2014, the injured worker reported that he had approximately 30-40 percent relief following the recent lumbar epidural steroid injection. The previous epidural injection in May, 2014 had resulted in greater than 50% pain relief with functional improvement. As of an office visit dated 08/06/2014, the injured worker complained of persistent low back pain, stiffness and soreness. He reported more neck pain that was mostly right-sided, radiating to the right side of his back, right shoulder and right upper extremity. The injured worker rated neck pain 3-4 on a scale of 1-10. He reported that he normally gets 40-50% relief with his oral pain medication and muscle relaxant. Objective findings included minimal tenderness to palpation at the right, greater than left, mid to distal lumbar segments. Flexion was 45 degrees, extension 10 degrees with pain at extremes of range of motion. There was minimal right L5 dermatomal distribution of dysesthesia. Physical examination of the cervical spine revealed flexion was approximately 45 degrees, extension 15 degrees, right lateral rotation 60 degrees, left lateral rotation 50 degrees with pain at extremes of range of motion. There was moderate tenderness to palpation at the right base of the skull, mid to distal cervical segments on the right side as well as right trapezius muscle. He had some right C5-C6 dermatomal distribution of dysesthesia and slightly weak grip strength on the right when compared to the left. There was also sensory loss, decreased deep tendon reflexes and decreased muscle strength in the lower extremities. Diagnoses included cervical degenerative disc disease, cervical radiculitis, lumbar degenerative disc disease and lumbar radiculitis. Treatment plan included a request for a right C5-C6 epidural steroid injection using fluoroscopy for guidance, continuation of oral medication, transdermal analgesics as needed, continuation with gentle stretching and

strengthening, daily ambulation as tolerated, ice as needed for inflammation and follow up in 4 weeks. Disability status was deferred to his primary treating physician. Progress notes indicated that the injured worker was retired. The patient completed PT and HEP. Radiographic imaging reports were not submitted for review.On 11/03/2014, Utilization Review non-certified lumbar epidural at right side L5-S1 under fluoroscopy. According to the Utilization Review physician there were ongoing findings in the L5-S1 distribution in the right lower extremity, but there were no imaging studies confirming pathology at L5-S1. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, to the right side L5-S1 under fluroscopy: 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 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy that did not respond to conservative treatment with medications and PT. The records indicate that the patient had subjective and objective findings consistent with lumbar radiculopathy. There was no confirmatory radiological record available for this review to determine the exact location for the epidural injection. The recent epidural injections had not provided significant pain relief. The patient had reported that the medications management is providing satisfactory pain relief for the neck and low back pain. The criterion for right L5-S1 lumbar epidural steroid injection under fluoroscopy is not medically necessary.