MAXIMUS Federal Services

Case Number:	CM14-0197188		
Date Assigned:	12/05/2014	Date of Injury:	07/25/2014
Decision Date:	03/09/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a male patient with an injury date of 07/25/2014. The mechanism of injury described him pulling off a bar stack on the top of a forklift and developing right sided low back pain and discomfort which had worsened over the initial 48 hours. Objective findings revealed mild radiculopathy down the right leg and no prior back history. The initial physicians' visit dated 07/28/2014 gave diagnosis of active lumbosacral train. He was prescribed medications, administered an intramuscular injection for pain and recommending use of moist heat for comfort. He was kept off duty secondary to pain level through 07/30/2014. The 07/30/2014 follow up visit described no improvement with plans to go back to work on modified duty in three days. The next visit dated 08/06/2014 described persistent episodes of moderate severe low back pain with intermittent flare ups but overall improved. The plan of care recommended continuing with conservative management. An orthopaedic evaluation dated 11/20/2014 gave the diagnoses of lumbosacral strain, lumbar spondylosis with disc bulging at L4-5 and L5-S-1 resulting in foraminal stenosis and lastly, chronic L5 nerve root irritation bilaterally per EMG nerve testing conducted 09/25/2014. Focal neurological deficits were documented in the bilateral lower extremities. Orthopedic consultant stated that IW was s/p epidural steroid injection on 10/28/14 "without noticeable improvement". The patient was deemed as not having reached maximal medical improvement and is temporarily disabled for the next 30 days. A request for services dated 11/13/2014 asking for a second transforaminal injection to bilateral L5-S-1 was denied by the Utilization Review on 11/17/2014 as not meeting medical necessity requirements. An appeal letter dated 11/24/14 per physician assistant for the orthopedic consultant stated that

IW had approximately 70% relief from the first injections. There was no explanation for discrepancy in description of response to ESI between this statement and that in the office note by the supervising physician written 4 days earlier.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Transforaminal Injection (Levels Bilateral L5-S1): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 OF 127.

Decision rationale: In MTUS criteria for epidural steroid injections (ESIs), the guideline states that "If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block." IW received initial ESI on 10/28/14. Per 11/20/14 orthopedic consultation note, initial injection was "without noticeable improvement". Therefore, per MTUS criteria medical necessity is not established for the requested repeat injection.