MAXIMUS Federal Services

Case Number:	CM14-0044306		
Date Assigned:	07/02/2014	Date of Injury:	08/24/2013
Decision Date:	02/04/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational Medicine 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:

This is a 49 year old female who suffered an industrial related injury on 8/23/13 after striking her back. A physician's report dated 10/1/13 noted the injured worker had complaints of low back pain radiating to the right buttock and the right leg. She has had a previous injury to her back and underwent L1-L2 fusion approximately 20 years ago. A MRI done on 10/22/13 revealed enlargement of the conus medullar at the level of the fracture impingement by a retropulsed bony fragment from the body of L2 with a Schmorl's node at the superior endplate of L2 with loss of height centrally of approximately 25%. A physician's report dated 1/28/14 noted the injured worker had continued complaints of severe low back pain with radicular pain down the right lower extremity. The injured worker was taking hydrocodone as needed. The physical examination revealed point tenderness at L4-L5 and L5-S1 extending to the buttock area. Decreased sensation was noted over the lateral aspect of the anterolateral and lateral aspect of the right thigh extending to the lateral aspect of the right leg. The treating physician noted there was a questionable straight leg raise on the right and a negative straight leg raise on the left. Limited range of motion of the thoracolumbar spine was also noted. The diagnosis was noted to be lumbar strain with underlying herniated disc. An epidural injection was recommended. On 3/7/14 the utilization review (UR) physician denied the request for P2P lumbar transforaminal epidural steroid injection with possible P2P lysis of epidural adhesions. The UR physician noted that while the need for this procedure for pain management, epidural lysis of adhesions is unproven as an effective treatment alternative for long term pain relief and is not supported in the Medical Treatment Utilization Schedule guidelines therefore this request is not medically reasonable or necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P lumbar transforaminal epidural steroid injection with possible P2P lysis of epidural adhesions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 2/13/14), Adhesiolysis, percutaneous

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There is no documentation of the above criteria. In addition, the MTUS does not recommend percutaneous lysis of epidural adhesions. Therefore, the request for lumbar transforaminal epidural steroid injection with lysis of epidural adhesions is not medically necessary.