MAXIMUS Federal Services

Case Number:	CM15-0008417		
Date Assigned:	01/26/2015	Date of Injury:	03/13/2014
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 57-year-old female, with a reported date of injury of 05/13/2014. The diagnoses include lumbosacral radiculopathy, lumbar spinal stenosis, and displacement of the lumbar intervertebral disc.Treatments have included oral pain medications, physical therapy, back brace, and an MRI of the lumbar spine, which showed spinal stenosis at the L5-S1 level.The progress report dated 12/08/2014 indicates that the injured worker complained of low back pain that radiated down her left leg down to her foot. The injured worker stated that her pain was constant, aching, and sharp. She also stated that she felt numbness and tingling in her left leg. The injured worker rated her pain 8 out of 10, without medication and 4 out of 10 with medication. She indicated that physical therapy made her pain worse. The objective findings included normal strength in the bilateral lower extremities, positive bilateral straight leg raise, and moderate pain with lumbar extension. The treating physician requested a bilateral L5-S1 transforaminal epidural steroid injection for the treatment of lumbar radiculopathy and lumbar spinal stenosis.On 01/08/2015, Utilization Review (UR) denied the request for one (1) bilateral transforaminal lumbar epidural steroid injection at L5-S1 under fluoroscopic guidance. The UR physician noted that there was no subjective neuropathy according to an imaging or electrodiagnostic study, and no evidence of current active rehabilitative efforts including physical therapy and exercises for the injured worker in addition to the request. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral transforaminal epidural steroid injection at the levels of L5-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back, ESI

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or document objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support corroboration by imaging of nerve root impingment, and as such the use of ESI congruent with ODG guidelines.