MAXIMUS Federal Services

Case Number:	CM15-0138137		
Date Assigned:	07/28/2015	Date of Injury:	01/19/2014
Decision Date:	08/24/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 41 year old female, who sustained an industrial injury on January 19, 2014, incurring low back and neck injuries. She was diagnosed with cervical radiculopathy, cervical degenerative disc disease, lumbar degenerative disc disease, lumbar spondylosis, lumbar disc herniation and lumbar radiculitis. A lumbar Magnetic Resonance Imaging revealed degenerative disc disease and disc herniation. Treatment included pain medications, physical therapy, chiropractic sessions, home exercise program, epidural steroid injection, anti-inflammatory drugs and muscle relaxants. Currently, the injured worker complained of persistent low back pain radiating into the lower extremities with tingling and numbness aggravated with prolonged standing. The treatment plan that was requested for authorization included right lumbosacral epidural steroid injection under fluoroscopy and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 tansformaminal epidural steroid injections under flurorscopy and anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for neck and low back pain. When seen, pain was rated at 8/10. She was having pain radiating into both legs, mostly on the right side. Physical examination findings included lumbar spine tenderness with decreased range of motion. There was stiffness and muscle spasms. She had weakness and numbness. Recommendations included a continued home exercise program. Authorization for a two level right-sided lumbar transforaminal epidural steroid injection procedure including anesthesia was requested. An MRI of the lumbar spine in May 2015 included findings of multilevel spondylosis with Grade 1 retrolisthesis of L5 over S1 and moderate left and mild right foraminal narrowing. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents weakness and numbness without described radicular distribution. Imaging does not correlate with the claimant's right sided more than left sided symptoms. Additionally, sedation is also being requested for the procedure. There is no indication for the use of sedation. This request is not medically necessary.