MAXIMUS Federal Services

Case Number:	CM15-0022942		
Date Assigned:	02/12/2015	Date of Injury:	10/09/2004
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Washington
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 65-year-old female who reported an injury on 10/09/2004. The injured worker reportedly suffered a low back strain when a tire blew out on the bus she was driving. The current diagnoses include postlaminectomy/fusion syndrome and bilateral L5-S1 radiculopathy. The injured worker presented on 01/06/2015 for an initial office visit. It was noted that the injured worker had been previously treated with conservative management, including an L5-S1 fusion in 2005. The injured worker had also been successfully treated with epidural steroid injections. The latest injection was performed in 04/2013. The injured worker reported greater than 50% improvement in symptoms for greater than 6 months following the injection, with a decrease in medication usage. At that time, the provider noted the injured worker's function was markedly decreased, with the injured worker spending 25% to 50% of her waking hour's bedbound secondary to severe low back and lower extremity pain. Current medications include Norco and Flexeril. Upon examination, there was guarding at the base of the lumbar spine, limited lumbar flexion to 20 degrees, extension to 10 degrees, positive straight leg raise on the right at 50 degrees, and positive straight leg raise on the left at 60 degrees, absent Achilles tendon reflex bilaterally, and 4/5 motor strength in the bilateral lower extremities. Recommendations at that time included continuation of the current medication regimen and an injection at the bilateral S1 neural foramen by transforaminal approach. A Request for Authorization Form was then submitted on 01/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Transforaminal Lumbar Epidural Steroid Injection at S1 with each additional level, lumbar epidurogram, IV sedation, fluoroscopic guidance and contrast dye: 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 rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks are based on continued objective documented pain and functional improvement. In this case, the injured worker has been previously treated with multiple epidural injections in 2012, as well as 2013. Although the injured worker reported an improvement in symptoms, there was no objective evidence of functional improvement, as recommended by the California MTUS Guidelines. Additionally, the medical necessity for IV sedation with the procedure has not been established. Given the above, the request is not medically appropriate at this time.