MAXIMUS Federal Services

Case Number:	CM15-0210311		
Date Assigned:	10/29/2015	Date of Injury:	01/01/2008
Decision Date:	12/09/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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
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 injured worker is a 58 year old male who reported an industrial injury on 1-1-2008. His diagnoses, and or impressions, were noted to include: lumbar radiculopathy secondary to MRI confirmed lumbar 4-5 disc herniation. No imaging studies were noted. His treatments were noted to include bilateral lumbar 5 transforaminal epidural injections (TEI) of steroid; medication management; and rest from work. The progress notes of 10-14-2015 reported complaints which included: bilateral lower back pain with burning into the buttock and increasing radiating symptoms down the legs, over the previous 10 days, and despite conservative measures; that prior selective epidural injections had provided excellent, 75-80%, relief from similar sciatica flares in the previous 3-7 months; that he wished to avoid lumbar surgery at all costs and the injections allowed for him to progress back into his lumbar spine exercise program; and that he was stable on his medications. The objective findings were noted to include: an antalgic gait secondary to radicular pain in the legs; exaggerated lumbar lordosis with significant muscle spasms; tenderness over the lower lumbar facet joints; diffuse lumbar para-spinal tenderness with myofascial trigger points; mildly positive bilateral lumbosacral facet maneuvers; positive bilateral straight leg raise with pain down to the feet, in the lumbar 5 distribution; some weakness with bilateral "EHL" strength; decreased sensation to the bilateral legs; and that his MRI of the lumbar spine confirmed herniated disc with significant bilateral lumbar 5 nerve impingement. The physician's requests for treatment were noted to include bilateral lumbar 5 TEI for a fairly severe flare of sciatica which was significantly impeding into his spinal exercise program and his activities of daily living. The Request for Authorization,

dated 10-14-2015 was noted for bilateral lumbar 5 transforaminal epidural injection of steroids for bilateral lumbar radiculopathy secondary to lumbar 4-5 herniated disc with lumbar 5 nerve compression. The Utilization Review of 10-21-2015 non-certified the request for bilateral lumbar 5 transforaminal epidural steroid injections. The most recent documentation states that this individual has developed a foot drop and new diagnostics were being requested prior to any further injection procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar L5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Guidelines support repeat epidural injections if there is significant sustained pain relief from the prior injection. However, the Guidelines point out that Epidurals do not change the prognosis or outcomes of a radiculopathy. This individual met the criteria for a repeat injection, but the latest documentation states that this was withdrawn due to a change in neurological function (foot drop). Under these circumstances, the epidural is/are not medically necessary as it would not improve outcomes and the deteriorating neurological function needs further evaluation.