MAXIMUS Federal Services

Case Number:	CM15-0032499		
Date Assigned:	02/26/2015	Date of Injury:	01/23/2015
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 1/23/2015. She has reported she slipped and fell injuring left leg, back and knee. The diagnoses have included lumbar spinal stenosis and lumbar radiculopathy. The Magnetic Resonance Imaging (MRI) of lumbar spine was documented to reveal disc protrusion and disc degeneration. Treatment to date has included medication therapy, physical therapy, three lumbar epidural injections, and is status post left knee arthroscopy. Currently, the IW complains of back pain with radiation to left leg and knee pain. Physical examination from 1/5/2015 documented positive straight leg test, bilateral lumbar tenderness with positive twitch response. The provider documented she was over six weeks from prior epidural with greater than 50% relief reported. The plan of care was for a repeat spinal injection, continuation of previously prescribed medication, and physical therapy. On 2/4/2015 Utilization Review non-certified additional single left L5-S1 transforaminal epidural steroid injection, noting the medical records did not meet guidelines regarding the total number of injections recommended. The MTUS Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of additional single left L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional single left L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. In this case, and despite the fact that the patient underwent left L5-S1 transforaminal epidural steroid injections on July, October, and January of 2015, there is no evidence of functional improvement or reduction in medication use (the patient continued to be prescribed the same amount of Tramadol). Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, documentation does not contain objective findings on examination and recent electrodiagnostic study to support the presence of radiculopathy. Therefore, the request for Additional single left L5-S1 transforaminal epidural steroid injection is not medically necessary.