MAXIMUS Federal Services

Case Number:	CM15-0068759		
Date Assigned:	04/16/2015	Date of Injury:	10/18/2014
Decision Date:	10/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 61-year-old male, who sustained an industrial injury on 10-18-2014. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included diagnostics, medications, physical therapy, transcutaneous electrical nerve stimulation unit, "epidural steroid injection and sacroiliac joint injection which provided him with no significant pain relief" per the pain management progress report dated 1-29-2015. On 2-25-2015, the injured worker complains of unspecified pain, rated 8 out of 10. It was documented that he had magnetic resonance imaging of the shoulder, left knee, and lumbar spine. Magnetic resonance imaging of the lumbar spine (1-23-2015) was documented as showing L5-S1 mild annular bulging and bilateral facet hypertrophy, contributing to mild foraminal stenosis. An objective physical examination of the lumbar spine was not documented on 2-25-2015. Prescribed medications included topical Menthoderm and Ultram ER. His work status was total temporary disability. The pain management progress report (1-29-2015) did note complaints of back pain with radiation to both legs, associated with tingling in both legs. Exam of the lumbar spine on 1-29-2015 noted tenderness to palpation over the bilateral paraspinal muscles, consistent with spasms, positive lumbar facet loading maneuver bilaterally, and negative straight leg raise bilaterally. Motor strength testing showed "normal bulk and tone in all major muscle groups of the lower extremities" and sensory exam noted "grossly intact to light touch and pinprick throughout the lower extremities." Per the request for authorization (3-03-2015), the treatment plan included a lumbar epidural steroid injection at L4-5, non-certified by Utilization Review on 3-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: CA MTUS Guidelines supports ESI as an option for treatment of radicular pain. There are specific criteria that must be satisfied for ESI, including documentation of radiculopathy by physical exam and corrobated by imaging studies/electro diagnostic testing. In addition, the patient must be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants). In this case, there are no objective findings on physical exam suggesting radiculopathy. The lumbar MRI findings show only mild disc bulging and mild neuroforamenal encroaching inconsistent with nerve compromise. Electro diagnostic testing results, if performed, were not available for review. There is also a lack of documentation or conservative measures that have been tried and failed. Thus, based on the above findings and lack of documentation, the request is not medically necessary or appropriate.

Epidural steroid injection L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: CA MTUS Guidelines recommend ESI as an option for the treatment of radicular pain. Specific criteria must be met, including documentation of radiculopathy by physical exam and corroborated by imaging studies and electro diagnostic testing. In addition, there must be documentation of unresponsiveness to conservative measures (exercise, physical modalities, NSAIDs, and muscle relaxants). In this case, there are no objective findings to suggest radiculopathy. MRI of the lumbar spine shows only mild disc bulging and mild neuroforaminal encroachment consistent with nerve compromise. Electro diagnostic testing results were not submitted for review. There is also no documentation of tried and failed conservative treatments. Therefore, base on the above, the request is not medically necessary or appropriate.