MAXIMUS Federal Services

Case Number:	CM14-0116515		
Date Assigned:	08/04/2014	Date of Injury:	02/08/2010
Decision Date:	10/27/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40 year old male who sustained injury to his low back on 02/08/10. Mechanism of injury was not documented. The injured worker underwent L4-5 and L5-S1 lumbar laminectomy followed by anterior lumbar interbody fusion at L4-5 and L5-S1 on 06/18/13. Plain radiographs reportedly revealed probable L4 through S1 anterior lumbar interbody fusion. CT scan of the lumbar spine dated 05/14/14 revealed calcified right paracentral disc bulge at L3-4 with mild central stenosis; L4 through S1 interbody graft in place; mild to moderate right neural foraminal stenosis at L4-5, which seemed to be healing fusion. Clinical note dated 06/13/14 reported that the injured worker continued to complain of low back pain radiating down the bilateral legs to the bottom of his feet. Treatment to date included lumbar spine injections, acupuncture, and physical therapy that provided no significant benefit. Physical examination noted tight hamstrings bilaterally; lumbar flexion to 20 degrees, extension to 10 degrees with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection under fluoroscopy (no levels indicated): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI). Decision based on Non-MTUS Citation AMA Guides, 5th edition, page 382-383

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The level/laterality was not specified in the request. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Imaging studies provided for review did not correlate with recent physical examination findings of an active radiculopathy at any level in the lumbar spine. The MTUS states that no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected in one session. The injured worker had epidural steroid injections in the past; however, there was no information as to what level/laterality was to be injected. The MTUS also states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with general recommendation of no more than four blocks per region per year. Given this, the request for lumbar epidural injection under fluoroscopy (no levels indicated) is not medically necessary.

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Office visits

Decision rationale: Previous request was denied on the basis that the request fails to specify the concerns to be addressed in the independent or expert assessment, including relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Moreover, the supplied information was old, with no current clinical records to attest present need for the services request. At present, there is insufficient current clinical information to evaluate the request, therefore, the request was not deemed as medically appropriate. Official Disability Guidelines state that the need for clinical office visit with a healthcare provider is individualized based upon review of the concerns, signs, and symptoms, clinical stability, and reasonable physician judgement; however, given that the concurrent request for lumbar epidural steroid injection under fluoroscopy (no levels indicated) was non-certified, the request for pain management consult is not medically necessary.