MAXIMUS Federal Services

Case Number:	CM14-0132407		
Date Assigned:	09/18/2014	Date of Injury:	04/21/2004
Decision Date:	10/20/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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 patient is a 41-year-old male who was injured on 04/21/2004. The mechanism ofInjury is unknown. His medication history included lortab. A 4-view of the lumbar spine performed 05/13/2014 revealed extensive postsurgical changes with partial resection of the posterior elements. Bone fusion noted between L4 and S1. No significant degenerative changes noted. A spinal stimulator was seen in the spinal canal. CT scan of the lumbar spine dated 6/20/2014 with and without contrast showed postoperative changes at the L4-5 and L5-S1 levels as described with facet hypertrophy narrowing the lateral recess bilaterally at the L5-S1 level. The L1-2, L2-3, and L3-4 levels demonstrated no significant findings. Progress report dated 6/27/2014 indicated the patient presented with complaints of pain in the neck and low back. The patient stated that the low back pain radiated to both legs all the way to his feet. The patient stated that he had numbness to the right leg from the hip to the foot. The patient stated that he had bilateral shoulder pain and numbness to both hands, more to the right hand. Objective findings during examination revealed the cervical spine was painful. The lumbar spine was very tender and range of motion was decreased in the lumbar spine on flexion, extension and lateral rotation. Reflexes were equal and symmetrical. Straight leg raise was 60 degrees on the right leg and 60 degrees on the left leg. Sensation testing revealed numbness on L4-L5 on the right leg. Gait was affected due to dragging of the leg.The patient was diagnosed with spinal stenosis of the lumbar region, lumbago, sciatica and lumbar radiculopathy. A recommendation was made for epidural pain block at L4-L5. Prior utilization review dated July 15, 2014 indicated the request for Lumbar epidural pain block at L4-L5 was denied as the medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural pain block at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steriod Injections.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends epidural steroid injections (ESI) as an option for the treatment of radicular pain. Radicular pain is defined by MTUS as pain in a dermatomal distribution corroborated by exam and imaging and/or EMG findings. ESI can offer short-term relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoidance of surgery. MTUS also notes that there should be documented failure to respond to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. The medical records clearly document exam and imaging findings consistent with radicular pain. As I was only provided with two progress notes to review, neither of which provided document evidence of failure of conservative treatments recently, not all criteria set out by MTUS are met. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request cannot be deemed medically necessary.