MAXIMUS Federal Services

Case Number:	CM14-0144194		
Date Assigned:	09/12/2014	Date of Injury:	11/08/2011
Decision Date:	10/10/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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 with a date of injury on 11/08/2011. Diagnoses include sacroiliac joint dysfunction, failed lumbar back surgery syndrome, and lumbar radiculopathy. Subjective complaints are of moderate to severe pain to the lower back radiating into both legs. Physical exam shows bilateral lumbar spasm and diminished right lower extremity strength. Reflexes were 1+ at the right knee and ankle and 2+ at the left knee and ankle. Prior treatment has included lumbar fusion in 2012, and physical therapy both of which were helpful. Patient stated that he received no relief from acupuncture, chiropractic and epidural steroid injections (ESI). EMG/NCV from 2011 showed an abnormal study of the right peroneal nerve due to EDB atrophy versus chronic L5-S1 radiculopathy. Lumbar MRI from 2012 showed L5-S1 anterolisthesis with spondylosis and degenerative disc disease with severe bilateral neural foraminal narrowing at L5-S1. Lumbar MRI from 10/07/2013 showed degenerative disc and facet arthropathy and postoperative changes at L5-S1 with possible mild left and right neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: CA MTUS notes that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there is not objective evidence of radiculopathy on exam or definitive pathology on imaging. Therefore, since the medical necessity of an epidural steroid injection is not established, the request for fluoroscopic guidance is also not medically necessary.

Anesthesia with x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: CA MTUS notes that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there is not objective evidence of radiculopathy on exam or definitive pathology on imaging. Therefore, since the medical necessity of an epidural steroid injection is not established, the request for x-rays under anesthesia is also not medically necessary.

Bilateral L4, L5 lumbar transforaminal epidural steroid injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: CA MTUS notes that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, there is not objective evidence of radiculopathy on exam or definitive pathology on imaging. Therefore, the medical necessity of an epidural steroid injection is not established at this time.