MAXIMUS Federal Services

Case Number:	CM14-0162775		
Date Assigned:	10/07/2014	Date of Injury:	04/24/2007
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 injured worker is a 41-year-old female who reported an injury on 04/24/2007. The specific mechanism of injury was not provided. It was indicated the injured worker began experiencing pain in her shoulders, arms, neck, back, waist, and chest due to repetitive pushing, pulling, lifting, carrying, and bending. The injured worker underwent a left L4, L5 laminectomy and excision of a protruded and degenerated disc under microsurgical disc dissection and foraminotomy and partially limited medial facetectomy and decompression of the left L5 nerve root under microsurgical dissection on 02/20/2008, and a neck surgery in 2007 and 2009, The documentation indicated the injured worker underwent an MRI of the lumbar spine on 01/14/2009 which revealed at the level of L4-5 there was a loss of disc space signal, left hemilaminotomy changes, and a 2 mm disc annulus bulge versus possible disc protrusion/herniation in conjunction with endplate ridging slightly indenting the thecal sac. The injured worker underwent an EMG/NCV of the bilateral upper and lower extremities which revealed the lower extremity examination was within normal limits. The most recent documentation submitted for review was dated 04/22/2014. The injured worker had neck pain radiating down the bilateral upper extremities and low back pain radiating down the bilateral lower extremities. The physical examination revealed the injured worker was in moderate to severe distress. The injured worker's gait was normal. There was tenderness to palpation in the bilateral paravertebral area of L4-S1. The range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with flexion and extension. The diagnoses included lumbar radiculopathy and lumbar radiculitis. The treatment plan included medications, Lidoderm %5 patch 700 mg per patch, and Protonix DR 40 mg tablets. There was no rationale or Request for Authorization, rationale, or physician note requesting the epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 transforaminal steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, Epidural Steroid Injection (ESIs), therapeutic.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic studies or imaging studies. There should be documentation of a failure of conservative care including exercise, physical medicine, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to meet the above criteria. There was no diagnostic study submitted for review. Additionally, there was a lack of a documented rationale and indicating the injured worker had failed conservative care. There was a lack of documented objective physical examination to support radiculopathy. Given the above, the request for bilateral L4-5 transforaminal steroid injection is not medically necessary.