MAXIMUS Federal Services

Case Number:	CM14-0168030		
Date Assigned:	10/15/2014	Date of Injury:	03/31/2008
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 62-year-old man with a date of injury of March 31, 2008. The IW was detailing his [redacted] patrol vehicle and he turned sideways causing pain and spasms to the left side lower back area. He was diagnosed with Lumbago. The IW has a history of L3-L4 spinal fusion in 2009, L4-L5 and L5-S1 in 1991, spinal cord stimulator inserted in 1994, then removed in 2009. The most recent surgery was on June 25, 2014 for bilateral sacroiliac joint fusion with internal fixation. X-ray of the lumbar dated August 22, 2014 noted a stable appearance to the lumbar and sacroiliac (SI) joint fusion hardware. There was no MRI or electromagnetic studies noted to confirm radiculopathy. The primary treating physician saw the injured worker on August 22, 2014 for a follow up s/p (status post) for bilateral sacroiliac joint fusion with internal fixation surgery. He had complaints of back and right groin pain predominately lower left leg. Examination notes antalgic gait on the right. No focal neurological deficits were noted in the lower extremities. There was no radiculopathy on the exam. He has a positive femoral stretch test on the right side. Current diagnoses are: Arthrodesis, L3 through the sacrum, bilateral sacroiliac joint arthrodesis on June 25, 2014, and retrolisthesis with foraminal encroachment, L2-L3 and right L2 radiculopathy. Prior to the surgical procedure June 25, 2014, the injured worker had multiple bilateral SI joint injections, which provided significant reduction of pain, but not for long periods of time. He was requiring escalating doses of his pain medication. There is no record of current medications. The medication record dated August 22, 2014 indicated, "Medications are current". There is not a current treatment plan that or any mention of conservative treatments such as physical therapy, or home exercise programs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal EPI right L2-3 injection: Upheld

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

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

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts including home exercise program. The criterion for the use of epidural steroid injections includes radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, with respect to the former, the evidence of radiculopathy on physical examination is not documented. Radiculopathy must be documented. Objective findings on physical examination need to be present. Based on the clinical information, in the medical record in addition to the peer review evidence-based guidelines, epidural steroid injection right L2-3 is not medically necessary.