MAXIMUS Federal Services

Case Number:	CM14-0213217		
Date Assigned:	12/30/2014	Date of Injury:	05/25/2013
Decision Date:	02/24/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 51-year-old female who reported an injury on 05/25/2013. The mechanism of injury was lifting. Her diagnoses were noted to include lumbar strain and lumbar radiculopathy. Her past treatment was noted to include an epidural steroid injection, physical therapy, medication, chiropractic treatment, and acupuncture. Her diagnostic studies were noted to include an MRI of the lumbar spine performed on 07/18/2013, which was noted to reveal an L3-4 mild decreased disc height with mild disc desiccation, with a diffuse disc bulge present. At L4-5, there is a mild disc desiccation without narrowing and a 4 mm left sided disc extrusion was present. The extruded disc encroaches upon the ventral aspect of the thecal sac as well as the emerging left L5 nerve root. At L5-S1, there was a 5 mm central disc protrusion which indented the ventral thecal sac. Her surgical history was not provided. During the assessment on 10/22/2014, the injured worker complained of pain that radiated up to the head, neck, shoulder, arm, elbow, hand, fingers, upper back, lower back, buttocks, hip, leg, knee, ankle, foot, and toes. The symptoms included burning pain, catching, clicking, fever, giving way, grinding, locking, numbness, stabbing pain, stiffness, swelling, tenderness, tingling, warmth, and weakness. She reported the severity of her pain as a 10+ on a scale of 1 to 10. She indicated the symptoms were frequent, constant, and worsening. The injured worker reported that, since the last visit, there was a noted decrease in the level of function during activities. She indicated that the sciatica hurt more all over the legs, with shooting, sharp pain and swelling. The physical examination revealed tenderness to palpation in the lumbar spine with limited motion. There was also tenderness to palpation in the cervical spine. Her medication was noted as Neurontin, dose and

frequency not provided. The treatment plan was to request a series of 3 lumbar epidural steroid injections. The rationale for the request was to aid with her lower back pain. The Request for Authorization form was dated 11/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection x3 at left L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: The request for lumbar epidural steroid injection x 3 at left L4-5, L5-S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, to be used in conjunction with other active therapies, when there is clear correlation of radiculopathy based on physical examination and diagnostic testing. Repeat injections should also be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks. The injured worker was noted to have undergone epidural steroid injection on 04/10/2014. There was no documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks. There was no documentation that participation in an active treatment program was planned after the injection. Given the above, the request is not medically necessary.