MAXIMUS Federal Services

Case Number:	CM14-0217151		
Date Assigned:	01/07/2015	Date of Injury:	04/28/2010
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year-old patient sustained a low back injury on 4/28/10 from lifting a heavy saw machine while employed by [redacted]. Request(s) under consideration include 1 Lumbar Epidural Steroid Injection at L4-5 level under Fluoroscopy between 12/9/14 and 1/23/15. Diagnoses include left knee sprain/strain; left shoulder rotator cuff tear; depression/ anxiety/ insomnia; Lumbar sprain/strain/ HNP L3-S1 with left lower extremity radiculopathy/ Lumbar disc displacement without myelopathy s/p anterior discectomy. There is history of anterior discectomy and arthrodesis of C3-4 with hardware removal secondary to injury in 1997. Conservative care has included medications, therapy modalities, LESI, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. MRI of the lumbar spine on 3/7/12 showed disc dessication at L3-4 and L4-S1 with diffuse disc protrusion effacing thecal sac and facet hypertrophy. Report of 10/21/14 from the provider noted continued low back pain. Exam showed unchanged findings of limited lumbar range of flex/ext 50/20 degrees; positive SLR at 75 degrees; DTRs symmetrical with hypoesthesia diffusely at anterolateral aspect of foot and ankle of an incomplete nature at L5 and S1 with facet joint tenderness diffusely at bilateral L3, L4, and L5 levels. The request(s) for 1 Lumbar Epidural Steroid Injection at L4-5 level under Fluoroscopy between 12/9/14 and 1/23/15 was non-certified on 12/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection at the L4-L5 level under fluoroscopy: 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 Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating dermatomal and myotomal neurological deficits support the epidural injections. Additionally, criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported previous injections, there is no documented improvement as the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this 2010 injury. Criteria for repeating the epidurals have not been met or established. The One (1) lumbar epidural steroid injection at the L4-L5 level under fluoroscopy is not medically necessary and appropriate.