MAXIMUS Federal Services

Case Number:	CM14-0038187		
Date Assigned:	06/25/2014	Date of Injury:	08/14/2013
Decision Date:	03/19/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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, Arizona
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:

The injured worker is a 51-year-old male who reported an injury on 08/14/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar radiculopathy, sprain/strain of the lumbar region. Past medical treatment consists of 1 physical therapy session, failed oral steroids, and medication therapy. Medications include gabapentin 300 mg. No pertinent diagnostics were submitted for review. On 03/06/2014, the injured worker was seen on a follow-up and complained of back pain. The injured worker rated the pain at 6/10 to 7/10 that radiates to the left leg, with intermittent numbness in lower extremities. Physical examination noted active range of motion of the lumbar spine that was limited. There was tenderness at the lumbar paraspinal muscles. Muscle strength was 4+/5, left hip flexion/extension. Deep tendon reflexes were 2+ in the lower extremities. There was slightly diminished sensory to touch without dermatomal distribution. The medical treatment plan is for the injured worker to undergo pre-procedure consultation with a pain management specialist. The provider is recommending 1 lumbar ESI at level L5-S1 on the left side. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 epidural steroid injection x1: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The submitted documentation indicated that the injured worker had tenderness at the lumbar paraspinal muscles. Muscle strength was 4+/5, left hip flexion/extension. Deep tendon reflexes were 2+ in the lower extremities. There was slightly diminished sensory to touch without dermatomal distribution. MRI of the lumbar spine obtained on 02/06/2014, revealed disc desiccation and mild narrowing. There was minimal left posterior lateral broad protrusion component causing moderate left lateral recess stenosis with impingement. However, there was no indication of the injured worker having trialed and failed conservative treatment, to include physical therapy, NSAID therapy, and a home exercise program. It was noted in the submitted documentation that the injured worker had completed 1 physical therapy session. The efficacy of such physical therapy session was not submitted for review. Given the above, the request would not be indicated. As such, the request is not medically necessary.