MAXIMUS Federal Services

Case Number:	CM14-0090905		
Date Assigned:	07/25/2014	Date of Injury:	12/04/2012
Decision Date:	09/21/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old female, who sustained an industrial injury on 12-04-2012 secondary to a slip resulting in twisting her back. On provider visit dated 04-10-2014 the injured worker has reported low back pain with associated leg pain. On examination of the lumbar spine revealed tenderness of the iliolumbar regions was noted bilaterally. Active range of motion was noted with lateral flexion at 15 degrees bilaterally and extension was noted as 10 degrees with pain with motion and straight leg raise was noted to be positive on right. The diagnoses have included prolapsed lumbar intervertebral disc, thoracic back pain and low back pain. The injured worker was noted to have undergone a left sided L3-L4, L4-L5 transforaminal epidural injection with fluoroscopic guidance on 07-01-2014. Treatment to date has included medication. The provider requested left-sided L3-4 and L4-5 lumbar transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left-sided L3-4 and L4-5 lumbar transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work-related injury in December 2012 and is being treated for radiating low back pain. An MRI of the lumbar spine in June 2013 included findings of mild to moderate multilevel foraminal narrowing with left lateralization. Electrodiagnostic testing in September 2013 showed the presence of mild bilateral L5 radiculopathy. A lumbar epidural steroid injection in September 2013 provided some temporary relief with a recurrence. When seen, she was having low back pain radiating into the left lower extremity. Physical examination findings included decreased left lower extremity sensation with positive straight leg raising. A second epidural steroid injection was requested with consideration of surgery depending on the outcome.In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless there is a question of the pain generator, there was possibility of inaccurate placement, or there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. In this case, the claimant's response to the first injection is not documented. There was no reported deficiency in the first procedure that was performed. The requested second caudal epidural steroid injection was not medically necessary.