MAXIMUS Federal Services

Case Number:	CM15-0112345		
Date Assigned:	06/18/2015	Date of Injury:	04/01/2010
Decision Date:	07/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/10/2015

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: Emergency Medicine

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 sustained an industrial injury on 04/01/2010. He has reported subsequent neck, back and right knee pain and was diagnosed with cervical discogenic disease, lumbar discogenic disease status post anterior-posterior fusion of the lumbar spine and right knee disruption. Treatment to date has included medication, physical therapy, acupuncture, TENS unit and surgery. In a progress note dated 05/05/2015, the injured worker complained of ongoing pain in the low back. Objective findings were notable for pain the low back with decreased range of motion, significant spasm of the latissimus dorsi bilaterally and diminished sensation to light touch and proprioception at the right L5 nerve distribution. The physician noted that despite physical therapy the injured worker continued to experience significant pain in the lumbar spine. The lumbar MRI was noted to be negative for nerve root compression or bulging disk, cord compression or spinal root compression but the physician noted that an epidural steroid injection was being requested to assist with pain reduction. A request for authorization of epidural steroid injections of L1-L5 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-L5 epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: There is issues concerning request. All progress notes specifically state that area that they want to perform ESI is at L4-5 but this request is "L1-L5" which involves 4 levels of lumbar spine. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommended if it meets criteria. 1) Patient does not even meet basic radicular criteria of LESI. There is no objective documentation or exam consistent with radicular pain in low back exam. Exam is not consistent with weakness and radicular symptoms on exam. There is no documented EMG/NCV or MRI of lumbar spine reports that supports diagnosis. While provider recommends ESI due to potential "movement" related pain at fusion site, this is an accepted criteria by guidelines. The lack of documentation fails criteria for both procedures. 2) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI or CESI except for pain management. There is no long-term plan. Fails criteria. 3) Unresponsive to conservative treatment. Meets criteria. Patient fails multiple criteria for lumbar epidural steroid injection. This request is also made in error due to multiple inappropriate levels. ESI is not medically necessary.