MAXIMUS Federal Services

Case Number:	CM15-0063733		
Date Assigned:	04/08/2015	Date of Injury:	02/18/2014
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 53 year old female, who sustained an industrial injury on 2/18/14. She reported initial complaints of low back. The injured worker was diagnosed as having degenerative joint disease lumbosacral segments at l4-L5. Treatment to date has included MRI Lumbar spine (4/2014); MRI lumbar 9/22/14); EMG/NCV lower extremities (12/2014); status post right L5 transforaminal epidural steroid injection (2/11/15). Currently, the PR-2 chiropractors notes dated 3/4/15 the injured worker indicates the range of motion low back vastly responded to care. She persists to have periaricular spasms and pain at L4-L5, L5-S1. The epidural steroid injection (done on 2/11/15) did in fact work. She has a tremendous amount of symptomatic reduction. The degenerative joint disease in the lumbar spine will need I believe one more epidural. The notes from the chiropractor go on to state "We should proceed with said immediately in an effort to control the residual radiculopathy and range of motion loss that persists as she is approximately 80% of normal on planes of mobility. Her pain levels have not improved much. An orthopedic Spine specialists notes were submitted dated 1/12/15 that recommended the steroid right L5 transforaminal caudal epidural injections with IV sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid right L5 transforaminal caudal epidural injections with IV sedation and fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection or document objective functional gain or pain improvement in terms of duration or degree in relation to first ESI performed in support of second ESI. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines. The request is not medically necessary.