MAXIMUS Federal Services

Case Number:	CM13-0009860		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2010
Decision Date:	03/24/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 52 year-old male who was injured on 4/14/10. The IMR application shows a dispute with the 8/2/13 UR decision to [redacted] request. The 8/2/13 UR letter is from [redacted], and recommends non-certification for referral to pain management for an LESI. UR states that [redacted] had requested the L4/5 ESI on his 5/9/13 report, and that It was already authorized on 7/16/13. [redacted] report was from 7/17/13 and UR considered this a duplicate request. Unfortunately, neither the 5/9/13 request from [redacted] nor the 7/17/13 request from [redacted] were provided for this IMR. I have been provided with two medical reports, both dated after the 8/2/13 UR denial letter. The 8/12/13 report from [redacted] states the patient has neck and back pain, with seated SLR producing symptoms in the right L5 dermatome. The diagnoses were: lumbar discopathy with radiculitis; right hip DJD with labra tear; cervical discopathy; r/o left shoulder impingement; bilateral CTS; double crush syndrome. The 9/11/13 report from [redacted] states the patient has symptoms in the L5 and S1 dermatomes, the review of the 8/21/13 MRI noted disc bulge at L5/S1 and compromise of the exiting nerve roots bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

referral to a pain management physican (for LESI): Upheld

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

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

Decision rationale: Limited information is available for this IMR. The IMR application shows the dispute was with the 8/2/13 UR letter, but the only available medical reports are from 8/12/13 and 9/11/13. The 8/2/13 UR letter states the 7/17/13 request from [redacted] for the ESI was considered a duplicate to the 5/9/13 report/request for ESI by [redacted]. UR then noted that they had approved the ESI for [redacted] on 7/16/13. I have not been provided with the 5/9/13 report/request from [redacted], nor the "duplicate" request from 7/17/13 from [redacted], nor the 7/16/13 UR authorization letter. There are no MRI or electrodiagnostic reports available prior to 8/2/13 for review. I have the 8/12/13 report from [redacted] that notes L5 radicular symptoms, then I have the 9/11/13 report, which adds S1 radicular symptoms after reviewing the 8/21/13 MRI that apparently shows S1 involvement. I have not been provided the actual 8/21/13 MRI report. According to MTUS, the first criteria for ESI for an ESI is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." According to the UR letter, authorization was provided for a right L4/5 TFESI on 7/16/13. I have no reports that document any exam findings for L4 distribution, and no reports that discuss imaging findings suggestive of L4/5 involvement. Based on the very limited information, and without being able to review the medical reports that requested the procedure, and without having imaging reports or electrodiagnostic reports, the MTUS criteria for an ESI is not met, and therefore not necessary. The referral for consultation of an unnecessary procedure is not appropriate.