

Case Number:	CM13-0018693		
Date Assigned:	10/11/2013	Date of Injury:	10/28/2012
Decision Date:	01/27/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/30/2013

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 Orthopedic Surgery and is licensed to practice in Ohio, Pennsylvania, and Texas. 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:

By way of history, this patient apparently had a date of injury on October 28, 2012. She had subsequent MRI obtained February 18, 2013. This was read by radiologist as "no evidence of discreet nerve root impingement at any level." There is noted to be mild bilateral foraminal narrowing at L5-S1 due to congenitally short pedicles as well as a mild broad based exterior disc bulge. Please note I only have the report from the radiologist and no films to review directly. According to the medical record, this request was denied twice on April 19, 2013 with reason being "no motor weakness or sensory deficit was appreciated on examination." On April 23, 2013, it was again reviewed and denied with no new information being offered. The most recent evaluation made available by notes was July 18, 2013. The claimant presented with continued low back pain, stiffness, tightness and discomfort upon range of motion testing. The claimant was taking medication in the form of Ultram and Soma and was currently not participating in physical therapy. The physical examination showed pain and spasm graded at 2+ with a positive straight leg raise on the left with pain radiating down the "posterior" aspect of the leg to the foot, gross motor strength upper extremities was intact and light touch sensation was intact as well. There was an appeal for this denial for the epidural steroid injections. Please note in the medical documentation provided the MRI was performed on February 18, 2013 had a varied interpretation from the initial interpretation offered. This showed a broad one to two millimeter posterior disc bulge at L3-4, L5-1 and a 3-millimeter broad central posterior disc bulge at L5-S1 with mild to moderate bilateral neuroforaminal encroachment. What is clear in this case is there is a difference of interpretation between radiologist and possibly the orthopedic surgeon evaluating the claimant and their own interpretation of the MRI. There is also a question as to "radiculopathy" on ex

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for series of 2 lumbar diagnostic phase epidural steroid injections at L5-S1 level:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs), Page(s): 46.

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

Decision rationale: Please note according to the AMA Guidelines, the dermatomal distribution of pain alone can be sufficient for the diagnosis of radiculopathy, which I believe to be clearly met in this case. If one reviews the CA MTUS Guidelines for diagnostic epidural steroid injections, the "maximum of two injections should be performed, a second block is "not recommended," if there is an adequate response to the first block. Diagnostic blocks should be at interval at least one to two weeks between injections." In this case, I believe that a majority of CA MTUS Guidelines are met and that the claimant has documented radiculopathy as well as unresponsiveness to conservative treatment. With that said I do not feel that only one injection would be supported and as the request in this case was for two injections, the request would not be considered as medically necessary.