

Case Number:	CM13-0020482		
Date Assigned:	12/11/2013	Date of Injury:	02/24/1997
Decision Date:	02/03/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/04/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 56-year-old male who reported a work related injury on 02/24/1997, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, lumbar sprain/pain with lumbar radiculopathy. MRI of the patient's lumbar spine dated 01/03/2013, signed by [REDACTED], revealed specifically at the L4-5 level a circumferential disc bulge, moderate epidural fat, the thecal sac was beginning to taper, and moderate to severe right greater than left facet hypertrophic change, mild right and moderate left neural foraminal narrowing. The clinical note dated 09/25/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to present with complaints of significant back pain with radiation to the bilateral lower extremities. The provider documents the patient is utilizing Vicodin 7.5 mg and Flexeril which provide only minimal relief. Upon physical exam of the patient's lumbar spine, bilateral lumbosacral paraspinal tenderness to palpation with restrictions in mostly flexion and extension secondary to pain was noted. Rotation and side bending appear to be intact. The provider documented increase of the patient's medication regimen to Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar translaminar epidural steroid injection L4/L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with lumbar spine pain complaints status post a work related injury sustained in 1997. The provider is requesting the patient undergo injection therapy to the lumbar spine at the L4-5 level. However, upon physical exam of the patient, the clinical notes failed to evidence any objective findings of radiculopathic symptoms; there was no documentation of any motor, neurological, or sensory deficits. California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the clinical notes did not indicate as the patient presents status post his injury of over 16 years, whether or not the patient has previously utilized injection therapy for his chronic pain complaints and efficacy of treatment. Given all the above, the request for Lumbar translaminal epidural steroid injection L4/L5 is not medically necessary or appropriate.