

Case Number:	CM13-0023349		
Date Assigned:	11/15/2013	Date of Injury:	11/25/2011
Decision Date:	02/28/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported a work related injury on 11/25/2011, as a result of a motor vehicle accident. Subsequently, the patient presents for treatment of lumbar spine pain. Electrodiagnostic studies of the bilateral lower extremities dated 08/20/2012 signed by [REDACTED] revealed findings consistent with a lower lumbosacral radiculopathy at the level of L5-S1. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 07/25/2013 reports (1) the patient was status post a left-sided laminectomy at L5-S1 without evidence of recurrent disc protrusion, there was moderate to moderately severe bilateral neural foraminal stenosis; (2) broad central protrusion L4-5 with a 3 mm extruded fragment descending in the right lateral recess of L5 intimately related to the right L5 nerve root, both foramina are moderately severely stenotic; (3) moderate stenosis at L3-4, a right-sided intraforaminal protrusion of the disc contributing to right greater than left neural foraminal stenosis, similar changes were present at L2-3. The clinical note dated 09/24/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient's pain continues and, at this point, he would like to proceed with surgical interventions. The provider recommended a decompression and bilateral hemilaminectomies at L3-4, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

urgent Bilateral Lumbar Steroid Injection L3-L4, L4-L5, L5-S1: 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 Page(s): 46.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient had undergone previous epidural steroid injections with poor efficacy noted status post the injections. In addition, the most recent clinical note submitted for review reported the patient was a surgical candidate at multiple levels to the lumbar spine. California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's electrodiagnostic studies revealed L5-S1 radiculopathy, and the most recent clinical note submitted from September failed to evidence a thorough physical exam of the patient. Given all of the above, the request for urgent Bilateral Lumbar Steroid Injection L3-L4, L4-L5, L5-S1 is not medically necessary or appropriate.