

Case Number:	CM13-0023484		
Date Assigned:	11/15/2013	Date of Injury:	07/01/2002
Decision Date:	01/03/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/12/2013

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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53 y.o. male with injury from 7/1/02 suffers from chronic low back pain. Utilization review letter from 8/15/13 summarizes that the MRI from 7/22/13 showed lumbar fusion with mild spondylosis at L2-3. Epidurals helped in the past, apparently. The request was being denied due to lack of documentation of radiculopathy, and repeat injection requiring 50% or more reduction of symptoms, which was not documented. In fact, report from 7/23/12 following prior injection showed that there was no significant improvement. 7/29/13 report is by [REDACTED]. Patient still has severe pain in low back and on the left leg. Dx are L4-5 fusion from 8/4/04, chronic lumbar spine pain with increased functional deficit and right leg pain, mild lumbar spondylosis at L2-3 per MRI scan. Recommendation was for a repeat ESI. 7/22/13 MRI report reads minimal diffuse bulging discs at L1-4 measuring 3-4 mm. Fusion at L4-5. Left foraminal annular tear with facet arthritis at L3-4 noted. Mild spinal stenosis at upper levels. 6/3/13 report by [REDACTED], states that [REDACTED] recommended an ESI which was denied. Recommendation was for updated MRI. 3/5/13 report was reviewed as well without much different information. AME report by [REDACTED] was reviewed. The patient was requesting to see [REDACTED] for possible repeat injection. 12/3/12 AME report by [REDACTED]. Under interim history, it states, "The patient had one epidural steroid injection performed, which provided him with very minimal relief." 7/16/12 report by [REDACTED] states, "The patient recently had an injection performed by secondary treating physician, [REDACTED]. According to the patient he said he had an area of redness throughout his entire low back a day or two after the injection. He also states today that he has not received any significant improvement with the recent injection."

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown lumbar epidural steroid injections.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The treater and the patient would like to have an ESI repeated. However, there is no evidence that the patient suffers from radiculopathy although the patient has radicular symptoms. Radiculopathy require pain/paresthesia in a dermatomal distribution corroborated by an imaging study. The patient's MRI did not show any nerve root lesions or herniations/stenosis that would explain the patient's leg symptoms. The treater also does not describe leg symptoms in any specific nerve root distribution with no specific examination changes that would raise a suspicion for radiculopathy. MTUS requires a diagnosis of radiculopathy for these injections. In addition, the patient's prior injection did not result in any improvement at all. MTUS requires 50% reduction or more pain relief lasting at least 6-8 weeks to consider a repeat injection. Recommendation is for a denial.