

Case Number:	CM13-0023864		
Date Assigned:	11/15/2013	Date of Injury:	01/07/2013
Decision Date:	01/17/2014	UR Denial Date:	09/12/2013
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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:

The patient is a 44-year-old male who reported a work related injury on 01/07/2013, mechanism of injury not stated. The clinical note dated 08/14/2013 reports the patient was seen under the care of [REDACTED] for his continued lumbar spine pain complaints. The patient presents for treatment of the following diagnoses, lumbar radiculitis with bulging disc at L4-5, degenerative changes of the lumbar spine, and multiple rib fractures healing. The provider documented the patient had undergone a bone scan which revealed mild increased uptake in the lumbar spine consistent with degenerative changes. Upon physical exam of the patient, 60 degrees of flexion and 10 degrees of extension were noted. Straight leg raise was positive for back and buttock pain. Ankle dorsiflexors and plantar flexors were 5/5. Quadriceps and iliopsoas motor strength was 5/5. The provider recommended the patient under go lumbar epidural steroid injections, utilize Norco (no more than 3 a day), have a urine toxicology screen, and utilize ketoprofen and gabapentin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epideral injection L4-L5 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The current request for an epidural injection is not supported. The provider documents the patient continues to present with lumbar spine pain complaints status post a work related injury sustained in January 2013. The provider is recommending the patient utilize epidural steroid injections for his pain complaints. However, the provider failed to submit official imaging studies of the patient's lumbar spine. The California Chronic Pain Medical Treatment Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the clinical notes lacked evidence of significant findings of objective symptomatology, such as any motor, neurological, or sensory deficits upon exam. Given all of the above, the request for an epidural injection at L4-5 for the lumbar spine is not medically necessary or appropriate.