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| Case Number: | CM13-0024368 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 02/21/2013 |
| Decision Date: | 01/09/2014 | UR Denial Date: | 08/23/2013 |
| 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 Physical Medicine & 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. 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 59 Y, F with a date of injury on 2/21/13. The progress report dated 8/16/13 by [REDACTED] noted that the patient had completed a MRI and a CT myelogram which showed marked disc space collapse at L4-5 and L3-4. She does have foraminal narrowing of the right L5-S1 level. The patient's diagnoses include: lumbosacral radiculitis; unspecified radicular syndrome; spinal stenosis lumbar without claudication; lumbosacral spondylosis; sciatica; lumbar disc displacement without myelopathy. Right L3 and L4 transforaminal ESI was requested. The appeal letter dated 9/16/13 by [REDACTED] noted that the patient has lower lumbar pathology which is well identified on imaging, she has some weakness in the right great toe and foot, and she has neurologic compromise on exam. Surgery is the only other option for her low back. The progress report dated 5/13/13 by [REDACTED] noted that the patient was experiencing increased numbness in the left foot now 2 months post injury and completion of 6 PT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3 and L4 transforaminal epidural steroid injection: Overturned

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 Epidural Steroid Injections (ESIs) Page(s): 46-47.

Decision rationale: The progress report dated 8/16/13 by [REDACTED] noted that the patient had completed a MRI and a CT myelogram which showed marked disc space collapse at L4-5 and L3-4. She does have foraminal narrowing of the right L5-S1 level. The patient's diagnoses include: lumbosacral radiculitis; unspecified radicular syndrome; spinal stenosis lumbar without claudication; lumbosacral spondylosis; sciatica; lumbar disc displacement without myelopathy. Right L3 and L4 transforaminal ESI was requested. The appeal letter dated 9/16/13 by [REDACTED] noted that the patient has lower lumbar pathology which is well identified on imaging, she has some weakness in the right great toe and foot, and she has neurologic compromise on exam. Surgery is the only other option for her low back. The progress report dated 5/13/13 by [REDACTED] noted that the patient was experiencing increased numbness in the left foot now 2 months post injury and completion of 6 PT sessions. MTUS pg. 46, 47 regarding epidural steroid injections, requires that radiculopathy be documented by physical exam and corroborated by imaging studies. Symptoms are also required to be initially unresponsive to conservative treatment. The above requirements appear to be met in this case and the records appear to indicate that the patient has not had a prior ESI, therefore authorization is recommended.