MAXIMUS Federal Services

Case Number:	CM13-0024696		
Date Assigned:	03/03/2014	Date of Injury:	10/01/1998
Decision Date:	04/22/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This patient is a 54-year-old female with date of injury of 10/01/1998. Per report 08/06/2013, chief complaint is low back and leg pain as well as neck pain. Current medications listed are Ativan, Topamax, Soma, Abilify, Trazodone, Opana ER, Morphine Sulfate, and Synthroid. Listed diagnoses are spondylosis of unspecified site without mention of myelopathy, lumbago, pain in the limb, chronic pain syndrome, and pain in the cervical spine. There were 322 pages of reports in this file. There are no MRI reports of the lumbar spine although C-spine MRI report is from 10/14/2013. There is an AME report from 02/01/2005 that does mention MRI of the lumbar spine from 02/02/2004 that showed significant disk disease at L1-L2 and L2-L3, retrolisthesis at L2-L3 with 2 mm bulging disk, disk desiccation at L3-L4, with 4 mm disk bulge at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LUMBAR EPIDURAL INJECTION: 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): 46-47.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that ESI is recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative finding of radiculopathy. In this case, while the treating physician describes leg pain, no radicular symptoms are documented which is dermatomal distribution of pain or paresthesia. There is also no evidence of MRI findings that would show problems with nerve root. A 4 mm disk bulge at L4-L5 does not correlate with any other radicular symptoms or examination findings provided. While the patient is noted to have positive straight leg raise testing, there are no weaknesses or sensory changes, and most importantly, no description of leg symptoms in dermatomal distribution that would corroborate the 4 mm disk bulge at L4-L5. Finally, utilization review letter references that this patient had 6 prior epidural steroid injections from 2008 to 2009 but reports do not discuss how this patient responded from those injections and whether or not 50% reduction along with functional improvement and reduction of medications were achieved. The request for one lumbar epidural injection is not medically necessary and appropriate.