

Case Number:	CM13-0026219		
Date Assigned:	11/22/2013	Date of Injury:	10/27/2010
Decision Date:	02/27/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 Pain Management, 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 51 year old bus driver who was rear-ended while at a complete stop on 10/27/2010, a second injury affecting the Cervical and Lumbar spine areas with some radiation of pain. She has pain in the back with radiation to the lower extremities and neck pain that radiates to the fingers. Diagnoses include: lumbar disc degeneration with radiculitis, low back pain, and neck pain with cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal epidural steroid injection at L5-S1 under fluoroscopy:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to the medical records provided for review, the patient has radicular symptomatology and findings on examination and documented by previous

electrodiagnostic studies as well as MRI. Her therapeutic options appear to be limited by external issues restricting the use of analgesics and she has been described as reaching maximal medical improvement. Her clinical picture qualifies her for the lumbar epidural procedure. Therefore the request for the Right Lumbar Transforaminal Epidural Steroid Injection at L5-S1 under fluoroscopy is deemed to be medically necessary and appropriate.

Transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This patient has radicular symptomatology and findings on examination. Her therapeutic options appear to be limited by external issues restricting the use of analgesics and she has been described as reaching maximal medical improvement. Her clinical picture is qualifies her for the lumbar epidural procedure. Therefore the request is deemed to be medically necessary and appropriate.

MRI cervical spine without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

Decision rationale: The ACOEM guidelines recommend an MRI to evaluate a red flag, where there is evidence of tissue insult or neurologic dysfunction, and where there is a failure to progress in a strengthening program intended to avoid surgery. In this case, the employee has had persistent cervical radicular symptomatology for the past several months and records indicate signs of neurologic compression in the neck. The employee has failed to respond favorably to conservative treatment and has failed to return to regular work duty and had an earlier MRI of the cervical spine on 2/5/2012 which showed spinal stenosis at C4-5, C5-6 and C6-7 due to disc and facet complex with bilateral neuroforaminal compression, severe left C4 and moderate right C4-5 and C5-6. In view of these findings, the request for an MRI of cervical spine is medically necessary and appropriate.