

Case Number:	CM13-0027107		
Date Assigned:	11/22/2013	Date of Injury:	09/30/2006
Decision Date:	02/12/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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 Florida. 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:

Subjectively, the patient reported complaints of back pain and burning neck pain with associated tingling sensation and shooting pain to his lower extremity. Objectively, the patient was noted to have an antalgic gait, limited range of motion, tenderness to palpation, and 5/5 motor strength. Impression was documented as chronic intractable low back pain secondary to lumbosacral degenerative disc disease, chronic neck pain secondary to cervical degenerative disc disease, lumbar radiculopathy with neuropathic pain, chronic pain syndrome, and opioid dependence. A request for authorization for a lumbar epidural steroid injection and a cervical epidural steroid injection was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: CA MTUS Guidelines for the use of epidural steroid injections state that "radiculopathy must be documented on physical exam, corroborated by imaging study and/or

electrodiagnostic testing, and should be initially unresponsive to conservative treatment." The clinical information provided lacks objective findings of neurological deficits, motor weakness, or decreased sensation to suggest a radiculopathy pathology as physical examinations were positive only for tenderness and limited range of motion. Additionally, there is no imaging study provided to support the presence of radiculopathy. As such, the request for lumbar epidural steroid injection (LESI) is non-certified.

Cervical epidural steroid injection (CESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: must be documented on physical exam, corroborated by imaging study and/or electrodiagnostic testing, and should be initially unresponsive to conservative treatment." The clinical information provided lacks objective findings of neurological deficits, motor weakness, or decreased sensation to suggest a radiculopathy pathology as physical examinations were positive only for tenderness and limited range of motion. Additionally, there is no imaging study provided to support the presence of radiculopathy. As such, the request for cervical epidural steroid injection (CESI) is non-certified.