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| Case Number: | CM13-0027828 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 04/03/2012 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

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 and is licensed to practice in Illinois. 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 reported an injury on 04/03/2012, with the mechanism of injury being that the patient was pulling on a metal door that was stuck. The patient was noted to have a lumbar transforaminal epidural steroid injection at bilateral L4, L5 and S1 on 08/08/2013. The patient had a positive straight leg raise at 45 to 60 degrees on the left and a negative straight leg raise on the right. The diagnoses were noted to include lumbar radiculopathy, lumbar stenosis and lumbar disc displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for lumbar ESI x 2: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend that for a repeat epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. It further

indicates that current research does not support "series-of-three" injections in either the diagnostic or the therapeutic phase. The guidelines recommend no more than 2 ESI injections. The clinical documentation submitted for review indicated that the patient had 50% pain relief after the injection. The patient stated that he was sleeping better. The patient stated that the pain was located in the lower back with radicular pain more on the left than in the right leg. The patient stated that the pain was constant with numbness, tingling and a sharp pain. The patient was noted to have the epidural steroid injection on 08/08/2013, and the physician stated that the patient's pain relief continued. The clinical documentation, however, failed to provide that the patient had an associated reduction of medication use for 6 to 8 weeks and failed to provide the necessity for an additional 2 injections, as it was noted that the request was for 2 in addition to the 1 that the patient had previously. Additionally, the clinical documentation submitted for review failed to provide the exact location for the requested injection. It failed to provide examination findings of radiculopathy. While it was noted that the patient had a positive straight leg raise on the left, it failed to indicate that the patient had radiation of pain it indicated that the patient had a negative right leg straight leg raise. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations regarding a total of 2 injections, not 3. Given the above, and the lack of documentation and clarification of exact location for the request, the request for an ESI times 2 is not medically necessary.

request for follow-up visit following ESI x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.