

Case Number:	CM13-0029574		
Date Assigned:	11/01/2013	Date of Injury:	07/26/1993
Decision Date:	01/27/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/26/2013

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 Texas. 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 57-year-old male with a reported date of injury on 07/26/1993. The patient presented with increased pain, spasms in the left lumbar paraspinals, and the gait favors right. The patient had no foot drop, no weakness, and no signs of muscular loss. The patient had diagnoses including neck sprain, disc displacement thoracic/lumbar and cervical disc displacement. The physician's treatment plan included request for an epidural steroid injection and a consult with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for epidural steroid injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, ODG-TWC Low Back Procedure Summary.

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

Decision rationale: The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy

must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. Within the provided documentation, the requesting physician did not indicate whether the patient had undergone an MRI of the lumbar spine; if so, the report was not provided within the medical records. The physician did not include adequate documentation of significant signs and symptoms of radiculopathy. Additionally, it was noted the patient was stable on medications and the medications were giving the patient relief to the point that he was requesting to discontinue gabapentin. Additionally, within the provided documentation it was noted the patient had increased functional level and decreased oral pain medications and pain levels with a previous lumbar epidural steroid injection; however, the requesting physician did not include documentation that the patient received at least 50% pain relief. The provider did not include documentation of significant objective functional improvement with the use of the previous epidural steroid injection. Within the request the level at which the epidural steroid injection was requested was not indicated. Therefore, the request for an epidural steroid injection is neither medically necessary nor appropriate.

Request for consultation with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 292-296.

Decision rationale: The California MTUS guidelines do not address referral for low back symptoms. ACOEM states physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. Within the provided documentation, the physician's rationale for the request was unclear. Additionally, the specialty for which the consultation was for was unclear within the provided documentation. Therefore, the request for consult with [REDACTED] is neither medically necessary nor appropriate.