

Case Number:	CM13-0030333		
Date Assigned:	11/27/2013	Date of Injury:	08/20/2009
Decision Date:	01/27/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Family Practice, 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 68-year-old male who reported injury on 08/20/2009 with the mechanism of injury stated to be the patient was involved in a motor vehicle accident. The patient was noted to have complaints of pain in the neck and low back pain. The patient was noted to radiate to the left shoulder, left thigh, right shoulder, and right leg. The patient was noted to have an MRI in the past. The diagnoses were noted to include sciatica, cervicgia, and post laminectomy syndrome of the cervical region. A request was made for a right lumbar selective ESI at L3-4 under fluoroscopy, right lumbar selective ESI at L4-5 under fluoroscopy, and a right lumbar selective ESI at L5-S1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar selective ESI at L3-L4 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging

studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had an MRI; however, MRI results were not provided for the review. The physical examination revealed the patient had palpation of the lumbar facets that revealed bilateral mild pain. The patient was noted to have an anterior lumbar flexion that caused pain. Clinical documentation, however, failed to provide the patient had radiculopathy upon objective examination and failed to provide corroboration as there was a lack of an MRI for review. Additionally, clinical documentation submitted for review failed to provide the patient was unresponsive initially to conservative treatment.

Right lumbar selective ESI at L4-L5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had an MRI; however, MRI results were not provided for the review. The physical examination revealed the patient had palpation of the lumbar facets that revealed bilateral mild pain. The patient was noted to have an anterior lumbar flexion that caused pain. Clinical documentation, however, failed to provide the patient had radiculopathy upon objective examination and failed to provide corroboration as there was a lack of an MRI for review. Additionally, clinical documentation submitted for review failed to provide the patient was unresponsive initially to conservative treatment. Given the above, the request for right lumbar selective ESI at L4-5 under fluoroscopy is not medically necessary.

Right lumbar selective ESI at L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had an MRI; however, MRI results were not provided for the review. The physical examination revealed the patient had palpation of the lumbar facets that revealed bilateral mild pain. The patient was noted to have an anterior lumbar flexion that caused pain. The extension of the lumbar spine was

noted to be 20 degrees. There was noted to be pain with lumbar extension and left lateral flexion of the lumbar spine was noted to be 15 degrees. Clinical documentation, however, failed to provide the patient had radiculopathy upon objective examination and failed to provide corroboration as there was a lack of an MRI for review. Additionally, clinical documentation submitted for review failed to provide the patient was unresponsive initially to conservative treatment. Given the above, the request for right lumbar selective ESI at L5-S1 under fluoroscopy is not medically necessary.