

Case Number:	CM13-0030796		
Date Assigned:	12/18/2013	Date of Injury:	12/31/2001
Decision Date:	03/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 and Rehabilitation has a subspecialty in Interventional Spine 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:

This patient is a 61-year-old injured worker with date of injury 12/31/2001. Per [REDACTED] report 05/15/2013 pain is located in the neck, upper shoulder, left knee, and right side of low back. The patient is working full time as a truck driver and was recently working on his yard, removed a small tree. It took about a month to do so bit by bit. The listed diagnoses are back pain, cervicgia, diverticulitis, diabetes, thoracic regional pain, left knee pain. There was no physical examination of the lumbar spine. The 07/31/2013 report by [REDACTED] has the patient's pain worse in the low back and hip radiation into anterior thigh and knees bilaterally. The patient has not had MRI since 2002. The patient had a minor motor vehicle accident recently. No examination of the lumbosacral spine but decreased sensation over the medial foot on the right side and abnormal single squat and rise squats noted. Straight leg raise tests were negative. The request was for a repeat lumbar epidural steroid injection which helped him in the past and the request was for a new MRI. His previous MRI showed multilevel disk disease worse at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar steroid injection, fluoroscopy, monitored sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for epidural steroid injections state that this is recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In this patient, while the treating physician describes radiating symptoms into lower extremity and possible dermatomal distribution of pain with medial thigh and foot pain, there is lack corroborating imaging findings. A copy of the MRI report was not included the medical records submitted for reviewed. However, the treating physician describes that there was an MRI from 2002 that showed disk degeneration mostly at L4-L5. Disk degenerations do not result in a diagnosis of radiculopathy. The request for one lumbar steroid injection, fluoroscopy, and monitored sedation is not medically necessary and appropriate.