

Case Number:	CM13-0031372		
Date Assigned:	12/04/2013	Date of Injury:	03/11/2010
Decision Date:	03/05/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/03/2013

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 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:

The patient is a 66-year-old male who reported a work related injury on 03/11/2010, the specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, lumbar facet syndrome, low back pain, sprain of the lumbar region, and spinal lumbar degenerative disc disease. The clinical note dated 09/09/2013 reports the patient presents with 10/10 pain without medication, and 7/10 to 8/10 pain with medication. The patient reports continued increased neuropathic pain down the bilateral lower extremities. Upon physical exam of the patient, the provider documented range of motion was decreased about the lumbar spine, 5/5 motor strength was noted throughout the bilateral lower extremities, sensation was decreased over the lateral foot and 1st, 2nd, 3rd, 4th and 5th toes to the right. Straight leg raise testing was positive bilaterally. The provider documented the patient last underwent an epidural steroid injection in 2011 with 50% pain reduction times 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence submission of an official imaging study of the patient's lumbar spine, as California MTUS indicate radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, California MTUS indicate in the therapeutic phase repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with the general recommendation of no more than 4 blocks per region per year. Given all the above, the request for lumbar epidural steroid injections L5-S1 is not medically necessary or appropriate.