

Case Number:	CM13-0034133		
Date Assigned:	12/11/2013	Date of Injury:	06/11/2012
Decision Date:	03/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 Neurology, has a subspecialty in Pain Medicine, 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:

██████ reports on 11/4/13 that the patient has neck and back pain and is doing fairly well. He is taking vicodin and using Lidoderm. He is doing massage therapy and using traction. He reports examination shows SLR negative bilaterally with grip, gait, station, and speech normal. Lumbar MRI from 7/18/13 is reported as showing a significant disc protrusion at L4-5. ██████ reports 10/21/13 that the insured has pain in lumbar spine and down lower extremities. Examination notes bilateral lumbar spasm. He requested lumbar ESI. 10/8/13 note from ██████ indicates that previous epidural blocks produced improvement for approximately one week. 9/23/13 evaluation by ██████ note condition of pain in back. He reported no improvement with PT. The patient reported pain relief from ESI. Exam noted decreased light touch in the right and left lower extremity. The reflexes were symmetric with Achilles absent bilateral. Motor exam noted spasm of bilateral lumbar. The note further notes previous ESI relieved pain by 50% for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Transforaminal Epidural Injection at L4-5 under fluoroscopic guidance with anesthesia times 2:: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides

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

Decision rationale: The medical records provided for review do not document physical presence of radiculopathy on physical examination. The MTUS Chronic Pain Guidelines list the documentation of radiculopathy by physical examination among the criteria for the use of epidural steroid injections. As radiculopathy is not documented by physical examination, the medical records provided for review do not support repeat ESI. The request is not medically necessary and appropriate.