

Case Number:	CM13-0034955		
Date Assigned:	04/25/2014	Date of Injury:	06/04/2010
Decision Date:	06/11/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & 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 expert 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 53 year old male who was injured on 06/04/2010 due lifting of a salt block. Progress note dated 09/10/2013 documented the patient with complaints of lumbar spine pain rated 6/10 that has not changed. Treatment plan includes Stable vertebral body Hemangioma at L3-L4, positive per MRI dated 06/28/2012; Lumbar spine radiculopathy, clinically; Displacement of lumbar disc without myelopathy with disc bulge at L3-L4 and to L5-S1, and positive per MRI dated 06/29/2013. Treatment Plan also included that the patient is to receive his second epidural because the first one did help to some degree. Request for authorization for supplemental AME report as the most recent AME is dated 10/16/2012, state, "I feel that the patient's condition is both objectively and subjectively worse than he originally started care, which means that we do not have the proper treatment plan. We need a supplemental report to address those issues and address his pain level that seems to be getting worse, as well as the inability to return back to the work force." Works status, patient is totally temporarily disabled. UR dated 10/04/2013 denied the request for ESI lumbar with fluoroscopy x 1 level L3 through S1 because the patient previously underwent ESI and there is no documentation of current examination findings that do not support radiculopathy. Further, the request is for 3 levels and guidelines support no more than 2 levels to be performed at one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION LUMBAR WITH FLUOROSCOPY TIMES ONE LEVEL L3 THROUGH S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The MTUS guidelines state criteria for the repeated use of ESI, "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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year" The medical report dated 09/10/2013 documents that the patient has received a previous epidural steroid injection without describing the patient's response to it. ■■■ ■■■ states in the same report that the patient's condition is both objectively and subjectively getting worse. There is a lack of documentation indicating the patient's response to the previous injection regarding functional improvement, pain relief and associated reduction of his pain medications. Therefore, the request for epidural steroid injection, lumbar with fluoroscopy, quantity 1, L3-S1 is not medically necessary and appropriate.