

Case Number:	CM13-0036038		
Date Assigned:	12/13/2013	Date of Injury:	01/06/1992
Decision Date:	02/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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 & 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 60-year-old female who reported an injury on 01/06/1992. The patient is diagnosed with symptomatic degenerative scoliosis with multilevel degenerative disc disease. The patient was seen by [REDACTED] on 11/04/2013. The patient reported persistent lower back pain with radiation into the lower extremities. Physical examination was not provided. Treatment recommendations included left-sided L1 and L2 nerve root blocks for left-sided radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Two Transforaminal Nerve Block: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. As per the clinical notes submitted, there is no

documentation of a physical examination on the requesting date of 11/04/2013. There is no evidence of a recent failure to respond to conservative treatment. The patient also underwent an MRI of the lumbar spine on 08/01/2013 which indicated no central canal or neural foraminal narrowing at L1-2. Additionally, there is no discussion of any type of implanted catheter that is being planned for removal. As the procedure has not been supported, there is no need for fluoroscopic guidance. Based on the clinical information received, the request is non-certified.

Removal of previously implanted intrathecal or epidural catheter: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. As per the clinical notes submitted, there is no documentation of a physical examination on the requesting date of 11/04/2013. There is no evidence of a recent failure to respond to conservative treatment. The patient also underwent an MRI of the lumbar spine on 08/01/2013 which indicated no central canal or neural foraminal narrowing at L1-2. Additionally, there is no discussion of any type of implanted catheter that is being planned for removal. As the procedure has not been supported, there is no need for fluoroscopic guidance. Based on the clinical information received, the request is non-certified.

Under Fluoroscopy guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.