

Case Number:	CM13-0036325		
Date Assigned:	12/13/2013	Date of Injury:	11/05/1998
Decision Date:	03/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Arizona. 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 55 year old male with an original date of injury of 11/5/1998. The mechanism of injury is not stated. The visit note from 4/1/3013 states he is adequately controlled on Gabapentin, Flexeril, Fluoxetine and Tramadol. The note states he has just finished a course of physical therapy for a flare-up but there is no statement of the frequency or duration of the physical therapy. The patient describes himself as doing fairly well at that time. The note states he is "not pain free" and he is "getting along without narcotics." On physical exam, his pain is not noted on a visual analogue scale. The lumbar spine exam was negative for spasm, non-tender, normal motion and stability. The lateral flexion was 35 degrees to both right and left, 90 degrees rotation both right and left, extension 35 degrees and flexion 80 degrees. There is no notation of neurological exam including strength, sensory or reflexes. There is no mention of radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: There is no notation on physical exam of neurological involvement such as muscle strength, sensory or reflexes. There is no evidence of radiculopathy. Per MTUS guidelines, ACOEM section on Low back pain states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Therefore the request is not certified.

epidural steroid injection: 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 Epidural Steroid Injections Section Page(s): 46.

Decision rationale: Per California MTUS Chronic Pain Guidelines, Epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". The criteria for use includes, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." There is no documentation of radicular type symptoms in the documents provided. Therefore the request is not certified.