

Case Number:	CM13-0037723		
Date Assigned:	12/18/2013	Date of Injury:	03/17/2010
Decision Date:	04/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/01/2013

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, has a subspecialty in Interventional Spine, 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:

This is a 58 year-old female who was injured on 3/17/10. She has been diagnosed with neck pain; lumbar spinal stenosis; CTS; s/p left shoulder arthroscopy 10/21/11; s/p left knee arthroscopy in 2010, s/p left knee replacement 4/2011 on non-industrial basis. According to the 8/28/13 report from [REDACTED], the patient presents with neck and low back pain. The patient stated her back pain is worse and rates it 10/10, with tingling to her feet. She had a prior epidural steroid injection (ESI) on 5/21/13 and stated it provided 50% decrease in back pain and 70% relief in lower extremity symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR ESI AT L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Epidural Stero.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Epidural Steroid Injections (ESIs) Page(s): 4.

Decision rationale: The employee is reported to have 10/10 low back pain; sensation is decreased on left L4, L5 and S1 dermatomes. Straight leg raising (SLR) is positive bilaterally.

The physician states the last ESI on 5/21/13 reduced low back pain by 50% and leg symptoms by 70%, but does not state the duration of relief. On reviewing the records, the 5/21/13 ESI was left and right L5. The electrodiagnostic study showed bilateral S1 radiculopathy. The MRI showed right-sided severe foraminal stenosis at L5/S1. The physical exam findings were not quite consistent with the EMG or MRI, and the L5 ESI was not consistent with the EMG findings. The 4/24/13 and 5/11/13 medical reports do not assess the pain on a visual analog scale (VAS). The ESI was on 5/21/13, and there are no follow-up reports provided for independent medical review (IMR) for June 2013. The closest follow-up report is dated 7/16/13 and was for refill of medications. The MTUS guidelines indicate that repeat ESI should only be performed if there is at least 50% pain relief lasting 6-8 weeks with associated reduction of medications. The 7/16/13 report is about 7 weeks after the procedure and does not mention reduction in pain, but does show that medication usage has not changed. Without having a progress report from June 2013, I am not able to verify that the employee has had 50% pain relief and reduction in medications for 6 weeks after the ESI. The electrodiagnostic study showed S1 radiculopathy and the request is for an ESI for the L4 and L5 roots. The request does not appear to be in accordance with MTUS guidelines.

LUMBAR MYELOGRAPHY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Epidural Stero.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Epidural Steroid Injections (ESIs) Page(s): 4.

Decision rationale: The employee is reported to have 10/10 low back pain; sensation is decreased on left L4, L5 and S1 dermatomes. Straight leg raising (SLR) is positive bilaterally. The physician states the last ESI on 5/21/13 reduced low back pain by 50% and leg symptoms by 70%, but does not state the duration of relief. On reviewing the records, the 5/21/13 ESI was left and right L5. The electrodiagnostic study showed bilateral S1 radiculopathy. The MRI showed right-sided severe foraminal stenosis at L5/S1. The physical exam findings were not quite consistent with the EMG or MRI, and the L5 ESI was not consistent with the EMG findings. The 4/24/13 and 5/11/13 medical reports do not assess the pain on a visual analog scale (VAS). The ESI was on 5/21/13, and there are no follow-up reports provided for independent medical review (IMR) for June 2013. The closest follow-up report is dated 7/16/13 and was for refill of medications. The MTUS guidelines indicate that repeat ESI should only be performed if there is at least 50% pain relief lasting 6-8 weeks with associated reduction of medications. The 7/16/13 report is about 7 weeks after the procedure and does not mention reduction in pain, but does show that medication usage has not changed. Without having a progress report from June 2013, I am not able to verify that the employee has had 50% pain relief and reduction in medications for 6 weeks after the ESI. The electrodiagnostic study showed S1 radiculopathy and the request is for an ESI for the L4 and L5 roots. The request does not appear to be in accordance with MTUS guidelines.

LUMBAR EPIDUROGRAM AND FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Epidural Stero.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Epidural Steroid Injections (ESIs) Page(s): 4.

Decision rationale: The employee is reported to have 10/10 low back pain; sensation is decreased on left L4, L5 and S1 dermatomes. Straight leg raising (SLR) is positive bilaterally. The physician states the last ESI on 5/21/13 reduced low back pain by 50% and leg symptoms by 70%, but does not state the duration of relief. On reviewing the records, the 5/21/13 ESI was left and right L5. The electrodiagnostic study showed bilateral S1 radiculopathy. The MRI showed right-sided severe foraminal stenosis at L5/S1. The physical exam findings were not quite consistent with the EMG or MRI, and the L5 ESI was not consistent with the EMG findings. The 4/24/13 and 5/11/13 medical reports do not assess the pain on a visual analog scale (VAS). The ESI was on 5/21/13, and there are no follow-up reports provided for independent medical review (IMR) for June 2013. The closest follow-up report is dated 7/16/13 and was for refill of medications. The MTUS guidelines indicate that repeat ESI should only be performed if there is at least 50% pain relief lasting 6-8 weeks with associated reduction of medications. The 7/16/13 report is about 7 weeks after the procedure and does not mention reduction in pain, but does show that medication usage has not changed. Without having a progress report from June 2013, I am not able to verify that the employee has had 50% pain relief and reduction in medications for 6 weeks after the ESI. The electrodiagnostic study showed S1 radiculopathy and the request is for an ESI for the L4 and L5 roots. The request does not appear to be in accordance with MTUS guidelines.