

Case Number:	CM13-0038012		
Date Assigned:	12/18/2013	Date of Injury:	12/30/2011
Decision Date:	01/31/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology and is licensed to practice in Florida. 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 who reported a work-related injury on 12/30/2011, as a result of strain to the lumbar spine. The patient is status post a course of supervised therapeutic interventions as well as times 2 epidural steroid injections performed at the left S1, most recent injection was performed on 05/13/2013. Electrodiagnostic studies of the patient's bilateral lower extremity dated 02/19/2013 performed by [REDACTED] revealed normal study with no evidence of neuropathy or radiculopathy. The clinical note dated 09/18/2013 reports the patient was seen for follow-up under the care of [REDACTED]. The provider documents the patient was last seen in clinic 6 weeks ago. The patient continues to be symptomatic with ongoing back pain and radicular symptoms. The provider documents the patient is status post 2 epidural injections and is waiting to receive the third and last epidural injection with [REDACTED]. The provider documented upon physical exam of the patient he continues to have pain with arc of motion. Straight leg raise test was positive. Range of motion of the lumbar spine was 50 degrees flexion and 15 degrees extension. The provider documented the patient was to undergo a third and last epidural injection with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

3RD Lumbar epidural steroid injection at L4-5 and L5-S1: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with objective imaging study evidence of radiculopathy. The electrodiagnostic studies of the bilateral lower extremities performed on 02/09/2013 revealed no evidence of radiculopathy. Furthermore, the clinical notes lacked submission of an official imaging study of the patient's lumbar spine. In addition, the clinical documentation submitted for review did not indicate the patient reported any specific quantifiable efficacy status post the 2 previous injections, as evidenced by a decrease in rate of pain on a Visual Analog Scale or increase in objective functionality. California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, 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 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Guidelines do not support a series of 3 injections in either the diagnostic or therapeutic phase. California recommends no more than 2 epidural steroid injections. Given all of the above, the request for 3rd lumbar epidural steroid injection at L4-5 and L5-S1 is not medically necessary or appropriate