

Case Number:	CM13-0038478		
Date Assigned:	12/18/2013	Date of Injury:	01/13/2013
Decision Date:	03/05/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/25/2013

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 and 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:

The patient is a 58-year-old female with date of injury on 01/13/2013. The progress report dated 09/17/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Shoulder sprain/strain, right, rotator cuff tear, (2) Ankle sprain/strain bilateral, (3) Radiculopathy to lumbar spine. The patient complained of lumbar spine pain. Physical exam revealed tenderness of the lumbosacral paravertebral muscles. The treating physician did not provide documentation of symptoms or physical signs of radiculopathy on physical exam. The utilization review letter dated 09/25/2013 issued a non-certification of the request for 3 epidural injections to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Epidural Injections to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 and 47.

Decision rationale: The patient continues with low back pain. The most recent progress report dated 09/17/2013 does not provide any patient report of symptomatology of radicular symptoms, nor are there physical exam findings of radiculopathy. The utilization review letter dated 09/25/2013 indicates that there was lumbar MRI on 03/13/2013 which showed a 2-mm L4-L5 disc protrusion and mild central canal stenosis. It was mentioned to the treating physician that the physical findings of lumbar radiculopathy were required on the most current clinical findings as this may have changed since the initial evaluation. It was also noted that there is no diagnostic study corroborating the presence of lumbar radiculopathy. MTUS Guidelines page 46, 47 regarding epidural steroid injections require that, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." MTUS further states that, "Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase." The request for 3 epidural injections to the lumbar spine does not include a level to which the injection was to be performed. At any rate, the guidelines do not appear to support a series of 3 injections and the treating physician had not documented adequate evidence of radiculopathy. Therefore, recommendation is for denial.