

Case Number:	CM13-0039931		
Date Assigned:	12/20/2013	Date of Injury:	06/03/2001
Decision Date:	03/06/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 case involves a 66-year-old female who sustained injury on 06/03/2001 to her neck, lower back and left wrist while performing regular duties as a caregiver. She had an MRI dated 08/10/2011, which showed degenerative changes at L3-4, L4-5, and L5-S1, with disc protrusion and desiccation, neural foraminal narrowing, and central canal narrowing at L5-S1. A note dated 08/14/2013 by [REDACTED] indicates that she presented with continued pain in her neck; interscapular, arms, left greater than right; in C6 distribution with difficulty grasping. She also complained of pain in her lower back that radiates to her bilateral posterior thighs to feet in the L5 distribution with numbness and tingling. Objective findings include ambulation with a cane, straight leg raise (SLR) positive at 45 on left and 60 on right. Sensation decreased in bilateral posterior thighs in L5 distribution. On strength testing, decreased left side greater than right and cannot do heel/toe walk. She was diagnosed with cervical radiculopathy, multilevel stenosis per an MRI, especially at C3-4 and C5-6, lumbar radiculopathy, L3-4, L4-5, L5-S1 disc herniation with stenosis, chronic pain syndrome, rule out fibromyalgia, and status post cerebrovascular accident (CVA), with left side weakness. The treatment plan was to continue medications, Elavil 100 mg, Lorazepam 5 mg, Atorvastatin, ASA, Tramadol, and diclofenac; L3-S1 epidural steroid injection (ESI) under fluoroscopic guidance as per MTUS; transportation for medical appointments; continue home exercise program, McKinsey; urine toxicity screen to check compliance; home health aide, six (6) hours a day; appeal fibromyalgia blood test as would change treatment paradigm; and follow-up in one month. A previous utilization review by [REDACTED] non-certified the request for L3-S1 ESI since the request for 3 levels is not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient epidural steroid injection (ESI) at L3-S1 under fluoroscopic guidance.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (effective 07/18/09).. Decision based on Non-MTUS Citation ODG-TWC: Low Back: ESIs (updated 05/10/13).

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

Decision rationale: According to the pre-authorization request dated 09/03/2013, L3-S1 epidural steroid injection (ESI) under fluoroscopic guidance was requested for diagnosis of lumbar radiculitis and disc bulge at L3-S1. The request for injection to three (3) levels (L3-4, L4-5, and L5-S1) is not supported by the Chronic Pain Guidelines. No more than two (2) ESI injections are recommended by the guidelines. Thus, the request for L3-S1 ESI under fluoroscopic guidance is non-certified and is not medically necessary and appropriate.