

Case Number:	CM13-0040126		
Date Assigned:	12/20/2013	Date of Injury:	10/10/2003
Decision Date:	03/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopaedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery 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 60-year-old male who reported injury on 10/10/2003. The mechanism of injury was noted to be a cumulative injury where the patient noticed that over time their right leg went numb. The patient was noted to have seen a chiropractor, performed acupuncture, and had epidurals. The patient's diagnoses were noted to be lumbar stenosis and lumbar radiculopathy. The request was made for a surgical evaluation and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Surgical evaluation between 9/26/2013 and 11/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: ACOEM Guidelines indicate that a surgical consultation is appropriate for patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than 1 month or

extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short-term from surgical repair, and the failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide the patient's imaging and electrophysiologic evidence to support the necessity for a neurosurgeon evaluation. There was a lack of documentation of objective findings including myotomal and dermatomal findings to support the need for a consultation and there was no MRI or electrodiagnostics provided. Given the above, the request for 1 surgical evaluation between 09/26/2013 and 11/25/2013 is not medically necessary.

One (1) lumbar epidural injection between 9/26/2013 and 11/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI)..

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

Decision rationale: California MTUS Guidelines recommend a repeat epidural steroid injection when there is objective documented pain and functional improvement including at least 50% relief with associated reduction in medication use for 6 to 8 weeks. Clinical documentation submitted for review indicated that the patient had lumbar radiculopathy and stenosis and had 3 to 4 prior epidurals usually obtaining greater than 50% pain relief for greater than 3 months. The clinical documentation submitted for review failed to provide specific dates for prior epidurals as well as specific documented objective pain on a VAS and documented objective functional improvement along with a reduction of medication use for 6 to 8 weeks. The request as submitted failed to indicate the laterality as well as the location for the injection. Given the above, the request for 1 lumbar epidural injection between 9/26/2013 and 11/25/2013 is not medically necessary