

Case Number:	CM13-0040446		
Date Assigned:	12/20/2013	Date of Injury:	01/04/2012
Decision Date:	07/22/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine 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 expert 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 female who had an industrial injury on 01/04/2012. The 10/1/13 PR-2 notes cervical and lumbar spine pain. MRI of lumbar and cervical spine reported disc protrusion at L5-S1 and C6-7. The plan of care was cervical and lumbar epidural. The 5/20/14 PR-2 reports pain with cervical and lumbar region. It listed lumbar disc herniation and cervical disc bulge for diagnosis. The 12/13/13 procedure note indicates second L4-5 epidural injection. Indication was listed as radiculopathy with sensorimotor deficit in the lower extremity. The 7/31/13 progress note indicated normal strength in the upper extremities with normal sensation and reflexes. The lower extremities showed normal strength, sensation and reflexes. EMG study of the upper and lower extremity was reported as normal. The 11/13/13 note was for first lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF THREE EPIDURAL STEROID INJECTIONS (ESI) AT C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections, Series Of Three.

Decision rationale: The available medical records do not documents physical exam findings consistent with radiculopathy corroborated with imaging and/or neurophysiology testing. Series of three epidurals is not supported under ODG guidelines. The medical records do not indicate quantitative or qualitative outcomes of first or subsequent ESI in support of repeat procedures.

SERIES OF THREE EPIDURAL STEROID INJECTIONS AT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections, Series Of Three.

Decision rationale: The available medical records do not documents physical exam findings consistent with radiculopathy corroborated with imaging and/or neurophysiology testing. Series of three epidurals is not supported under ODG guidelines. The medical records do not indicate quantitative or qualitative outcomes of first or subsequent ESI in support of repeat procedures.