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| Case Number: | CM13-0042333 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/01/2006 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 Family Practice and is licensed to practice in Texas. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 43-year-old male who reported an injury on 11/01/2006. The mechanism of injury was not stated. The patient is currently diagnosed with cervical post-laminectomy syndrome, bilateral upper extremity radiculopathy, status post lumbar laminectomy and discectomy, positive discogram at L3-4, L4-5, and L5-S1, urologic incontinence, reactionary depression/anxiety, and medication-induced gastritis. The patient was seen by [REDACTED] on 10/16/2013. The patient reported severe and debilitating pain in the lower back with radiation to bilateral lower extremities. It is noted that the patient had a positive provocative discogram at L3-S1 on 02/13/2013. Physical examination of the lumbar spine revealed tenderness to palpation, trigger points, diminished range of motion, absent Achilles tendon reflex on the left, and decreased sensation along the lateral thigh and posterolateral calf bilaterally. It is noted that an EMG study of the bilateral lower extremities performed on 04/08/2013, revealed chronic bilateral L5-S1 radiculopathy. The treatment recommendations at that time included a therapeutic fluoroscopically-guided transforaminal epidural steroid injection at bilateral L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BILATERAL TFESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300,309.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the patient does demonstrate positive straight leg raise, decreased sensation, and decreased motor strength. However, it is also noted that the patient has been previously treated with epidural steroid injections in the past. Although it is noted that the patient received 50% pain relief for 6 to 8 weeks following the injection, there was no documentation of objective measurable improvement that would warrant the need for a repeat block. California MTUS Guidelines state there should be documentation of pain relief with associated reduction of medication use. There is also a general recommendation of no more than 4 blocks, per region, per year. The date of the latest injection as well as the total number of injections received to date is unknown. Based on the clinical information received, the request is not medically necessary.