

Case Number:	CM13-0042489		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2012
Decision Date:	02/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/18/2013

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 & Rehabilitation 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 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 51-year-old female who reported an injury on 03/30/2012. The patient is diagnosed with posttraumatic injury to the cervical and lumbar spine, status post cervical fusion, right cervical radiculopathy, right leg radiculopathy, occipital neuralgia, and cervical facet arthropathy. The patient was recently evaluated on 10/09/2013. The patient reported ongoing neck and lower back pain with right upper extremity and right lower extremity radiation. Physical examination revealed tenderness to palpation, diminished strength, positive Patrick's and Faber testing, positive facet loading maneuver, and positive straight leg raising. Treatment recommendations included a transforaminal epidural steroid injection, continuation of current medications, and a return visit in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI L5-S1: Upheld

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

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

Decision rationale: The 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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient underwent an MRI of the lumbar spine on 05/02/2012, which indicated a decrease in disc height and signal without canal stenosis or nerve impingement at L5-S1. There was no documentation of radiculopathy upon imaging study. There were no electrodiagnostic reports submitted for review to corroborate the diagnosis of radiculopathy. There is no documentation of a failure to respond to recent conservative treatment including physical methods, NSAIDs, muscle relaxants, and exercises. Based on the clinical information received, the request for transforaminal ESI L5-S1 is non-certified.

Office visits once a month for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, and Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. The Official Disability Guidelines state the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As per the clinical documentation submitted, there is no evidence of significant clinical instability. The nature each of the follow-up visits is unknown. The request for follow-up office visits for 12 months is also excessive in nature. The patient would require reassessment at each office visit. Based on the clinical information received, the request for office visits once a month for 12 months is non-certified.