

Case Number:	CM13-0044029		
Date Assigned:	12/27/2013	Date of Injury:	01/19/2013
Decision Date:	03/05/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/25/2013

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 reported a work-related injury on 01/19/2013, as a result of strain to the lumbar spine. The patient subsequently presents for treatment of the following diagnoses: displacement of a lumbar disc without myelopathy. MRI of the lumbar spine dated 06/19/2013, signed by [REDACTED]. [REDACTED] revealed specifically at the L4-5 level, an extruded disc extending over the superior posterior margin of L5, approximately 6.2 mm beyond the adjacent posterior vertebral body margins of the interspace. The upper neural foramina appear preserved. Clinical note dated 09/23/2013 reports the patient presents under the treatment of [REDACTED] for an initial consultation. On physical exam of the patient's lumbar spine, range of motion was noted to be within normal limits, the patient had 5/5 motor strength noted throughout the bilateral upper and lower extremities. No deficits upon sensory exam of the patient were evidenced, and the patient had grade 1 reflexes equal and symmetric bilaterally. The provider subsequently recommended the patient undergo injection therapy about the lumbar spine at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 therapeutic epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural, page 46. Page(s): 46.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with objective findings of radiculopathy to support the requested intervention at this point in his treatment. California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical notes documented upon physical exam of the patient, that he presented with no motor, neurological, or sensory deficits. In addition, imaging of the patient's lumbar spine revealed no significant stenoses or nerve root involvement. Given all the above, the request for L4-5 therapeutic epidural injection is not medically necessary or appropriate.

Follow-up office visit after injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient presents with objective findings of radiculopathy to support the requested intervention at this point in his treatment. California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical notes documented upon physical exam of the patient, he presented with no motor, neurological, or sensory deficits. In addition, imaging of the patient's lumbar spine revealed no significant stenoses or nerve root involvement. Given all the above, the request for L4-5 therapeutic epidural injection is not medically necessary or appropriate. Therefore, the request for a follow-up visit status post injection would not be indicated for this patient.