MAXIMUS Federal Services

Case Number:	CM13-0044486		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2013
Decision Date:	02/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 and Rehabilitation and Pain Management 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:

This is a male patient with the date of injury of January 14, 2013. A utilization review determination dated October 22, 2013 recommends non-certification of injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level. The previous reviewing physician recommended non-certification of injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level due to lack of documentation whether the claimant has exhausted all other reasonable treatment for his symptoms or whether he has been involved in an ongoing rehabilitation program to be continued in conjunction with injection therapy. MRI of the lumbar spine report dated 10/14/12 identifies at L4-5, in particular, there is a right paracentric disc protrusion, extending into the right lateral recess resulting in compression upon the right L5 nerve root. A Clinical Note from December 2, 2013 identifies complaints of leg pain on and off. The pain is in the buttock and hip area radiating down to the lower leg and calf region. Physical exam identifies tender to palpation along right hip and buttocks area. Loss of sensation in right lower leg and calf distribution. Diagnoses include pain in joint involving pelvic region and thigh, hip pain lesion of sciatic nerve. Plan identifies he was finally approved for PT and has done 12 sessions so far. He states that he feels a lot better after a PT session but the pain then slowly returns.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections, anesthestic agent and/or steroid, transforaminal epidural with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Page(s): 55-56, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for injections, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level, Chronic Pain Medical Treatment Guidelines criteria includes documentation of positive physical exam findings, failure of conservative treatment, and corroborating imaging or electrodiagnostic studies. Within the documentation available for review, there is documentation of positive physical examination findings supporting a diagnosis of radiculopathy. The patient is noted to have started physical therapy which helps the patient, but then the pain returns. Imaging corroborated the diagnosis of radiculopathy. As such, the currently requested injections, anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level is medically necessary.