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| Case Number: | CM13-0044561 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/13/2013 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/24/2013 |
| 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 Orthopedic Surgery 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:

The patient is a 47-year-old male who reported a work related injury on 02/13/2013, with the mechanism of injury being a result of strain to the lumbar spine. The patient presents for treatment of the following diagnosis: lumbar disc disease with fusion at L5-S1. The clinical note dated 09/30/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documented the patient has undergone x3 lumbar spine surgeries, the last 1 having been performed in 1996 when the patient underwent an L5-S1 fusion. The provider documented the patient utilizes ibuprofen, Flexeril, and Norco. The provider documented, upon physical exam of the patient, flexion was limited to 10 degrees of the lumbar spine, extension significantly decreased and limited to 10 degrees, straight leg raising was positive on both sides, deep tendon reflexes to the right were diminished, and motor strength was within normal limits as well as sensation. The provider documented a review of the MRI of the lumbar spine dated 06/25/2013, which revealed degenerative disc disease and facet arthroses causing foraminal stenosis on the left at L3-4, moderate bilateral at L4-5, and mild to moderate bilateral at L5-S1, with some deformity of the exiting left L3 nerve root and bilateral L4 and L5 nerve roots, as well as left S1 nerve root. The provider documented the patient presents with multi-level nerve root impingement and moderate to severe foraminal narrowing at multiple levels. The provider recommended the patient undergo a caudal epidural injection. Electrodiagnostic studies of the bilateral lower extremities dated 11/18/2013, performed under the care of [REDACTED], revealed findings of an active left S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection at S1: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for the patient to undergo injection therapy at this point in his treatment. The clinical documentation reported that the patient presents with diminished right deep tendon reflexes about the patella. Electrodiagnostic studies of the patient's bilateral lower extremities revealed an active left S1 radiculopathy. The clinical notes failed to evidence correlation between electrodiagnostic studies of the bilateral lower extremities and the patient's objective findings and symptomatology upon physical exam. The California MTUS guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, injection therapy is supported for patients initially unresponsive to conservative treatment such as exercise, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. The clinical notes failed to document a specific dermatomal pattern of pain to support the requested injection. In addition, there was no official imaging of the patient's lumbar spine submitted for review. Therefore, the requested caudal epidural steroid injection at S1 is not medically necessary or appropriate at this time.