

Case Number:	CM13-0045228		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2012
Decision Date:	03/17/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 46-year-old male who reported a work-related injury on 06/22/2012, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses: lumbar discogenic pain. The patient's course of treatment since status post his injury has included a course of physical therapy, a medication regimen and chiropractic treatment. The clinical note dated 10/30/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that upon physical exam of the patient, the patient continued to complain of pain. The provider documented that the patient denied any improvement to his symptomatology with continued 4/10 to 5/10 lumbar spine pain. The patient denied numbness and tingling sensations. The provider documented a review of imaging of the patient's lumbar spine, which revealed an L4-5 herniated disc with neuropathy of 3 mm. The provider documented a request for an epidural steroid injection for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for pre ESI labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The current request is not supported. The California MTUS indicates that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no official imaging submitted for review of the patient's lumbar spine. In addition, the clinical notes lacked evidence of a recent, thorough physical exam of the patient objectively documenting evidence of radiculopathy. Given all of the above, the request for a lumbar ESI is not medically necessary or appropriate. Therefore, the requested pre-epidural steroid injection labs are not indicated as injection therapy at this point in the patient's treatment is not supported. Also, the provider does not indicate the specific labs that he is recommending the patient undergo prior to beginning injection therapy. Given all of the above, the request for pre-ESI labs is not medically necessary nor appropriate.