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| Case Number: | CM13-0047880 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/25/2012 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

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 Anesthesiologist, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 40-year-old male who reported a work-related injury on 07/25/2012, as a result of a motor vehicle accident. Subsequently, the patient presents for treatment of the following diagnosis: lumbar radiculopathy. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 09/08/2012 signed by [REDACTED] revealed a left eccentric annular protrusion distorts the thecal sac proximal to the abutting left L5 root with an element of annular tear/hyperintensity behind the annulus. The patient underwent lumbar epidural steroid injection at the L4-5 and L5-S1 as of 09/03/2013. The clinical note dated 10/10/2013 reports the patient presents with increasing average rate of pain at 9/10. The provider was seen in clinic under the care of [REDACTED]. [REDACTED] The provider reported the patient had positive efficacy with initial injection performed in September. The provider documented upon physical exam of the patient, he was observed to be in moderate distress. Range of motion of the lumbar spine was moderately reduced secondary to pain. Vertebral tenderness was noted to the lumbar spine at L4 to S1 levels. Motor exam revealed a decrease in motor strength to the bilateral lower extremity and sensory exam revealed no change. The provider recommended a second transforaminal epidural steroid injection at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), section Low Back

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 reported the patient stated positive efficacy status post an initial epidural steroid injection performed in 09/2013. The provider documented the patient had significant positive efficacy noted status post the injection performed on 09/03/2013. However, [REDACTED] examined the patient on 09/06/2013 and the patient presented with pain with reduced range of motion about the lumbar spine, and spasms, tightness, and tenderness to the paraspinal musculature. The clinical notes failed to evidence the patient's reports of positive efficacy status post the initial injection as noted by a decrease in rate of pain on a VAS with decreased utilization of opioids as well as objective functionality increase. California MTUS indicates, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks. Furthermore, imaging of the patient's lumbar spine failed to evidence any significant pathology at the L5-S1 level indicative of injection therapy. Given all of the above, the request for bilateral L4-S1 transforaminal epidural is not medically necessary nor appropriate.