

Case Number:	CM13-0049135		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2009
Decision Date:	02/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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, has a subspecialty in Interventional Spine 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 63 year old with a date of injury of 04/20/2009. The diagnoses per [REDACTED] dated 10/10/2013 are Lumbar disc generative disease, Lumbar disc displacement, Postlaminectomy Syndrome and Psychogenic pain. According to report dated 10/10/2013 by [REDACTED] patient presents with ongoing lower back pain with muscle cramps and numbness in the left leg. The pain is described as burning and sharp. Examination of lumbar spine showed tenderness and tight muscle band. Straight leg raising test is positive with pain in both the lower extremities and back. On sensory examination, hypoesthesia along the left L4, L5 and S1 dermatome noted. The patient is unable to obtain bilateral ankle or knee reflexes. The report state that the patient has had injections in the past with [REDACTED] and "they have helped to allow him to increase his ability, frequency, and duration of walking, as well as increase his ability to participate in physical therapy and perform exercises." [REDACTED] report dated 05/10/2013 documents that MRI of the lumbar dated 2011 showed disc disease with spinal stenosis at multi-level and EMG dated 2011 documented left lower extremity radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with [REDACTED] for possible epidural steroid injections (ESI) QTY 1.00: 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, 47.

Decision rationale: This patient presents with lumbar post laminectomy syndrome and chronic radicular pain. The treater requests "follow up visit with [REDACTED] for possible ESI." The Medical Treatment Guidelines (MTUS guidelines has the following regarding ESIs, under chronic pain section (pg 46, 47), "recommended as an option for treatment of radicular pain." Criteria for use is stated, "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 of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). The report dated 10/10/2013 states patient has had prior injections with [REDACTED] that have increased his functional abilities. Unfortunately, there are no reports by [REDACTED] and [REDACTED] that provide any details regarding the percentage of relief, duration, and medication reduction other than some mention regarding the patient's function. The requested follow up visit with [REDACTED] for possible ESI is not medically necessary as the patient does not meet the criteria for a repeat injection. Recommendation is for denial.