

Case Number:	CM13-0050937		
Date Assigned:	12/27/2013	Date of Injury:	09/05/1998
Decision Date:	03/14/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/13/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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 66-year-old male who reported an injury on January 24, 1997. The mechanism of injury is not specifically stated. The patient is diagnosed with multilevel disc protrusion in the cervical spine with radiculopathy, disc herniation at L5-S1 with radiculopathy, disc protrusion at L4-5, facet arthropathy, cervicogenic headaches, annular tears, and obesity. The patient was seen by [REDACTED] on September 11, 2013. The patient reported ongoing neck and lower back pain, rated 8/10. Physical examination revealed positive straight leg raising and Kemp's testing bilaterally, decreased lumbar range of motion and weakness in bilateral extensor hallucis longus and gastrocnemius muscle groups. Treatment recommendations included continuation of physical therapy, a consultation regarding surgery for the lumbar spine, an epidural steroid injection at L5-S1, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar L5-S1 epidural steroid injection with epidurogram and fluoroscopy: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's physical examination, on the requesting date, does reveal decreased range of motion, positive straight leg raising and Kemps testing, and weakness. However, the patient has previously undergone two (2) lumbar epidural steroid injections. Documentation of at least 50% pain relief with associated reduction of medication use, following the initial injections was not provided for review. Additionally, there is no evidence of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. Based on the clinical information received, and the California MTUS Guidelines, the request is noncertified.