

Case Number:	CM13-0051501		
Date Assigned:	12/27/2013	Date of Injury:	09/05/1995
Decision Date:	03/12/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 61-year-old male who reported an injury on 09/05/1995. The patient is diagnosed as status post shoulder surgery, status post lumbar fusion, degenerative disc disease of the lumbar spine with facet arthropathy and retrolisthesis, lumbar radiculopathy, moderate canal stenosis at L3-4, degenerative disc disease of the cervical spine with facet arthropathy, and chronic L1 compression fracture. The patient was seen by [REDACTED] on 11/11/2013. The patient reported 8-10/10 pain in the lower back with bilateral numbness and pain extending to the lower extremities. Physical examination revealed a markedly antalgic gait, significant tenderness to palpation of the cervical and lumbar spine with spasm, decreased cervical range of motion, diminished sensation in the right C8 dermatome, and 5/5 motor strength in bilateral upper extremities. Treatment recommendations included continuation of current medications, a CT scan of the lumbar spine, and interlaminar epidural steroid injections at C3-4, C4-5, and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural injection at C3-C4, C4-C5, and C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. As per the documentation submitted, the patient does demonstrate tenderness to palpation with spasm and diminished range of motion in the cervical spine as well as diminished sensation in the right C8 dermatome. However, there were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is no evidence of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDS, and muscle relaxants. Furthermore, California MTUS Guidelines state no more than 1 interlaminar level should be injected at 1 session. Therefore, the request for an interlaminar injection at C3-4, C4-5, and C5-6 exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.