

Case Number:	CM13-0055865		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2012
Decision Date:	04/14/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 expert 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 female with date of injury of 09/27/2012. The listed diagnoses per [REDACTED] dated 10/14/2013 are: (1) Sprain/strain of the neck, (2) sciatica, (3) sprain/strain of the shoulder and arm, unspecified. According to progress report dated 10/14/2013 by [REDACTED], the patient complains of pain, stiffness, weakness, and numbness in the cervical spine and lumbar spine. She notes that injection has helped for pain a lot. Objective finding shows tenderness to palpation of the cervical and lumbar spine as well as spasms in the lumbar and cervical spine. Positive for straight leg raise. The treater is requesting 1 interlaminar epidural at the L5-S1 with selective nerve block at the left L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE INTERLAMINAR EPIDURAL AT THE L5-S1 WITH SELECTIVE NERVE ROOT BLOCK AT THE LEFT L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The MTUS Chronic Pain Guidelines pages 46-47 state radiculopathy must be documented with physical examination and imaging studies including unresponsiveness to conservative treatments. Furthermore, no more than 1 interlaminar level should be injected at 1 session. The treater reviewed the MRI of the lumbar spine dated 03/19/2013, showing a 5-mm disk bulge at L5-S1 to the left with facet arthropathy and fluid in the facet joints. He further noted that on 08/22/2013, the patient underwent an epidural steroid injection interlaminar at L5-S1 and selective nerve root block at left L5 with the patient reporting 70% relief for more than 6 weeks. The patient reported increased functioning, increased walking tolerance, increased standing tolerance, and decreased use of medication with the epidural steroid injection. Reports dated 03/25/2013 to 10/14/2013 show the patient received no more than 1 ESI in 2013. In this case, the patient meets the MTUS Chronic Pain Guidelines' criteria for one interlaminar epidural at L5-S1 and the request is medically necessary and appropriate.