

Case Number:	CM13-0056403		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2009
Decision Date:	04/09/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/22/2013

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:

This is a 41-year-old female with a 5/11/2009 industrial injury claim. She has been diagnosed with a 5-mm herniated disc at L3/4 and cervical radiculitis. According to the 8/27/13 report from the provider, the patient presents with intermittent headaches and low back and leg pain. Examination on 8/27/13 was of the cervical spine. The plan was to request a cervical magnetic resonance imaging (MRI) at the patient's request due to headaches, and request the 2nd lumbar epidural spinal injection (ESI). The prior lumbar epidural steroid injections (LESIs) were on 5/4/12 and 6/27/13, but neither of the operative reports state which levels were injected. The follow-up report was dated 7/23/13, and states the ESI helped 50% she uses rest and medications, and requests another ESI. The MRI from 4/5/13 shows central canal narrowing at L3/4, mild right foraminal narrowing at L4/5 and mild left foraminal narrowing at L5/S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient is reported to have back pain. The reporting is vague, the prior operative reports for the epidural injections did not mention what level the procedure was performed at. There requested the 2nd lumbar epidural steroid injection (LESI) on the follow-up visit which was 4-weeks after the procedure. There was no indication that the pain relief lasted 6-8 weeks as required under MTUS guidelines. The 8/27/13 report that requests the epidural spinal injection (ESI) does not even provide a lumbar examination. The 11/12/13 report states "there is decreased sensation at L3/4" there is no mention whether this is axial, or if the physician means the L3 dermatomal distribution or if this was on the right or left sides. There are no exam findings described adequately enough that they could be considered to correlate with the magnetic resonance imaging (MRI) findings that showed left-side foraminal narrowing at L5-S1, and right-side foraminal narrowing at L4-5. The request for a repeat lumbar ESI, without exam findings of radiculopathy corroborated with MRI, and without description of the benefit and duration of the prior ESI at the unspecified level, is not in accordance with MTUS guidelines.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with headaches and low back and leg pain. The MTUS/ACOEM guidelines for cervical spine, special studies, states these can be ordered if there is emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction; or failure to progress in a program to avoid surgery, or for clarification of anatomy prior to an invasive procedure. In this case, there are no red-flags, no evidence of tissue insult, no neurological dysfunction, and no mention of any surgical procedure being anticipated. The request is not in accordance with MTUS/ACOEM guidelines.