MAXIMUS Federal Services

Case Number:	CM13-0058040		
Date Assigned:	12/30/2013	Date of Injury:	02/25/1991
Decision Date:	03/24/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 52 year-old male who was injured on 2/25/1991. He has been diagnosed with cervical disc disease; cervical radiculopathy; s/p lumbar fusion; lumbar radiculopathy; bilateral SI joint pain; s/p right knee arthroscopy with residual. On 11/11/13 UR had denied the request for a right L5/S1 TFESI based on [redacted] 10/4/13 report. The 10/4/13 report was not provided for this IMR. There are no MRI reports, or electrodiagnostic studies available for this IMR. The 12/6/13 appeal from [redacted] notes that the current TFESI request is for the 2nd injection. The date of the first lumbar ESI and follow-up reports documenting efficacy were not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for One (1) right L5-S1 and right S1 transforaminal epidural steroid injection: 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.

Decision rationale: The patient presents with neck, back, bilateral SI joint, and right knee pain. There is not enough information provided to verify that MTUS criteria has been met. According to [redacted], the patient has decreased sensation in the L5 and S1 distribution and straight leg raising on the right is positive. There is no description of what sensation is decreased, (light touch, pain/pin prick, temperature, vibration, etc), and as written, appears to be a generalized subjective statement. There is also a right knee injury and the patient was reported problems with right knee extension and flexion, and also has SI joint and right hip problems. There is no delineation of the symptoms reproduced with the SLR, whether they were radicular or pain from the knee extension or hip or SI motion. There was no description of any dermatomal distribution being reproduced with the SLR. There was mention of prior LESI, but the procedural report and date of procedure was not provided. There are no follow-up medical reports from the prior ESI provided that document efficacy and duration of relief of symptoms, if any. There no MRI reports or electrodiagnostic reports available to corroborate the subjective complaints of decreased sensation in the right L5 and S1 dermatomes. MTUS states radiculopathy must be documented on physical exam and corroborated with imaging or electrodiagnostic studies. The reporting is vague on exam and there are no MR reports available. MTUS also states: "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," This is reported to be the 2nd ESI, but there is no description of the 1st ESI, no dates or follow-up reports provided to determine if there was any functional improvement and reduction in pain, and to show that it lasted 6-8 weeks. Based on the available information, the MTUS requirements for a lumbar ESI, or repeat lumbar ESI have not been met.