

Case Number:	CM13-0058869		
Date Assigned:	12/30/2013	Date of Injury:	09/25/2012
Decision Date:	04/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Pain Management and is licensed to practice in Texas. 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 32-year-old female who reported an injury on 09/25/2012 after a bending motion caused sudden onset of low back pain. The patient's treatment history included medications, physical therapy, chiropractic care, acupuncture, epidural steroid injections, and facet blocks. It was noted that within the documentation that the patient received epidural steroid injections in 12/2012 and 02/2013 that did provide functional benefit. The patient underwent medial branch blocks in 06/2011. It was determined that the patient's facet joints were not the patient's pain generator. The patient's most recent clinical documentation noted physical findings to include tenderness to palpation of the left lumbar paraspinal musculature with a negative straight leg raising test bilaterally, and normal deep tendon reflexes with a normal sensory exam to pinprick and light touch bilaterally. The patient's diagnoses included lumbosacral neuritis, low back pain, morbid obesity, and lumbosacral disc degeneration. A request was made for a set of 3 transforaminal epidural steroid injections at the L3-4, L4-5, and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 set of 3 transforaminal epidural injections at L3-4, L4-5, L5-S1 at [REDACTED] between 11/14/2013 and 1/2/2014: Upheld

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

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

Decision rationale: The requested 1 set of 3 transforaminal epidural steroid injections at the L3-4, L4-5, and L5-S1 at the [REDACTED] between 11/14/2013 and 01/02/2014 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections for patients who have at least 50% pain relief for 6 to 8 weeks following an initial transforaminal epidural steroid injection. The clinical documentation submitted for review does indicate that the patient received significant pain relief after the transforaminal epidural steroid injection in 02/2013 that lasted for approximately 4 months. However, California Medical Treatment Utilization Schedule also recommends that transforaminal epidural steroid injections be supported by documentation of radiculopathy upon physical findings. The clinical documentation submitted for review does not provide any evidence that the patient has any radicular symptoms. The patient has a positive bilateral straight leg raising test, and normal deep tendon reflexes, and the patient has a normal sensory exam in all dermatomal distributions. Additionally, the request is for a set of 3 transforaminal epidural steroid injections. The California Medical Treatment Utilization Schedule does not recommend a series of 3 epidural steroid injections. Also, California Medical Treatment Utilization Schedule does not recommend epidural steroid injections at more than 2 levels. The request is for a 3-level injection. Therefore, the requested decision for 1 set of 3 transforaminal epidural steroid injections at the L3-4, L4-5, and L5-S1 at the Bay City Surgical Center between 11/14/2013 and 01/02/2014 is not medically necessary or appropriate.

The request for physical therapy visits (2-3 times per week for 6-8 weeks) between 11/14/2013 and 1/2/2014:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Guidelines 2007, pg 134

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

The request for evaluation after TESI between 11/14/2013 and 1/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.