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| Case Number: | CM13-0059712 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/26/2006 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 Rehabilitation & Pain Management 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 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 07/26/2006. The listed diagnoses per [REDACTED] from 11/06/2013 are: 1. Lumbar radiculopathy. 2. Lumbar disk degeneration. 3. Lumbar spinal stenosis. 4. Cervical radiculopathy. 5. Cervical disk degeneration. 6. Right carpal tunnel syndrome. 7. Depression. 8. Anxiety. 9. Fibromyalgia. 10. Chronic pain, other. 11. Medication-related dyspepsia. 12. Status post right carpal tunnel release, date of which is unknown. 13. Status post lumbar epidural steroid infusion at L4-L5 on 05/06/2010 According to this report, the patient complains of low back pain that radiates to the bilateral lower extremities to the right foot. She also complains of neck pain that radiates to the bilateral upper extremities. The patient also complains of bilateral shoulder pain. She rates her average pain a 7/10 with medication and 9/10 to 10/10 without medication. The patient is also status post lumbar epidural steroid infusion at L4-L5 on 05/06/2010 with reports of 50 to 80% overall improvement for more than 1 year. She notes significant functional improvement and improved mobility with this ESI. The physical examination shows that the patient is in moderate distress. Range of motion of the lumbar spine reveals moderate reduction secondary to pain. Sensory examination showed decreased touch. Decreased sensation and motor strength was noted along the L3-L5 dermatome. Straight leg raise bilaterally is positive. The utilization review denied the request on 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L3-5:
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 MTUS guidelines, on epidural steroid injection Page(s): 46, and 47.

Decision rationale: This patient presents with low back pain that radiates to the bilateral extremities and neck pain that radiates to the bilateral upper extremities. The treating physician is requesting bilateral transforaminal epidural steroid injection at L3-L5. The MTUS guidelines, pages 46 and 47, on epidural steroid injection states that it is recommend as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. In addition, 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 6 to 8 weeks. The 11/06/2013 report notes that the patient had a previous lumbar epidural steroid infusion at L4-L5 on 05/06/2010 with reports of 50 to 80% overall improvement for more than 1 year. The patient also reports significant functional improvement and improved mobility with this procedure. However, the reports from 2010 or 2011 are not available to verify the treating physician and patient's recollection of prior injection. The current reports do not discuss MRI findings and an MRI report was not included in the file. The treating physician does not discuss any nerve root potential lesions and the patient's leg symptoms are not in a specific nerve root distribution. The treating physician currently does not adequately document the patient's radiculopathy and an ESI would not be indicated. The request is not medically necessary.