MAXIMUS Federal Services

Case Number:	CM13-0060811		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2009
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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 48-year-old male who had a date of injury of 10/21/2009. The patient was seen on 11/11/2013 for pain management follow-up visit with complaints of neck pain that does not radiate to the upper extremities and low back pain that radiates bilaterally to the lower extremities. The patient's pain is rated as 7/10 with and without medication, pain increases with activity and walking. The patient's pain is reported as unchanged since the last office visit. Exam of the lumbar spine reveals no gross abnormality. Tenderness was noted upon palpation in the spinal vertebral L4-S1 levels. The range of motion of the lumbar spine is slightly to moderately limited. Pain was significantly increased with flexion and extension. Facet signs were present bilaterally, sensory exam is within normal limits, and motor exam is within normal limits in bilateral lower extremities. Straight leg raise with patient in seated position and leg fully extended was positive in the bilateral lower extremities at 50 degrees. The patient is currently on Neurontin 600 mg 2 times a day, Protonix 20 mg daily, tramadol 50 mg every 8 hours as needed for pain, Zanaflex 2 mg 1 every 8 hours as needed for spasm, and Xoten-C lotion apply as directed. The only recommendation noted is the patient will return to clinic for follow-up in 1 month. The patient had diagnoses of cervical spine sprain/strain, cervical spine disc protrusions, retrolisthesis, lumbar spine sprain/strain, lumbar spine disc protrusion, and lumbar spine anterolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 TRANSFORAMINAL BLOCK: Upheld

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.

Decision rationale: The request is non-certified. The patient is a 48-year-old male with diagnoses of cervical spine sprain/strain, cervical spine disc protrusion, retrolisthesis, lumbar spine sprain/strain, lumbar spine disc protrusion, and lumbar spine anterolisthesis. The patient was seen on 11/11/2013 for complaints of neck and back pain. On physical exam for the lumbar area, it is noted that the range of motion for the lumbar spine was slightly to moderately limited. Pain was significantly increased with flexion and extension. Facet signs were present bilaterally. Sensory exam is within normal limits bilaterally. Motor exam is within normal limits in bilateral extremities. Straight leg raise is positive at 50 degrees bilaterally. The epidural steroid injection is recommended as an option for treatment with radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Criteria for the injections are radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants.); no more than 2 nerve root levels should be injected using transforaminal blocks, and 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. Office visit documentation does note straight leg positive bilaterally at 50 degrees, but also does state that facet signs were present bilaterally. Sensory examination is within normal limits bilaterally, motor exam is within normal limits in bilateral lower extremities. The documentation provided does not medically support objective findings of radiculopathy. Therefore, the request is non-certified.