

Case Number:	CM13-0063924		
Date Assigned:	01/03/2014	Date of Injury:	01/31/2010
Decision Date:	05/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/01/2013

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 Medicine and Rehabilitation, has a subspecialty in Pain Management 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 48 year old female who was injured on 01/31/2010 while performing his usual and customary duties as a police officer; he developed symptoms of right shoulder and lumbar spine pain. Prior treatment history has included corticosteroid injections, physical therapy, and medications. The patient had an epidural injection on 10/17/2013 that provided partial relief of the numbness sensation; however, did not reduce the intense pain in the right side of the patient's lumbosacral spine. Neurosurgical re-examination note dated 12/23/2013 indicated the patient presented with severe pain in the lower back that radiated into the gluteal area around the right hip into the right foot that had been associated with a weakness and numbness sensation of the right leg. The patient also complained of a severe numbness sensation in the posterior thigh and the calf. Objective findings on exam revealed the patient had strength of 5/5 in all muscle groups. His sensation was intact to light touch, pinprick, and two-point discrimination. The patient had no left ankle jerk and his gait was slow. The straight leg raise test was positive at 30 degrees in the right leg. The patient would lose his equilibrium when standing on the right leg due to the fact that the numbness sensation would cause a sensation of weakness in the right leg. In fact, the patient limped with his right leg when walking. Based on the fact that the MRI of the lumbosacral spine was essentially unremarkable and the fact that the patient had an epidural injection on 10/17/2013 that only provided minimal improvement, a CT myelogram of the lumbosacral spine was requested for this patient, to provide a diagnosis for the origin of the patient's severe pain in the lumbosacral spine that radiated into the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT L5-S1 LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY: 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 (ESIS) Page(s): 46.

Decision rationale: As per the CA MTUS Chronic Pain Guidelines, 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. The medical records document the patient had a neurosurgical consultation on 12/23/2013 at which time it was reported there was minimal improvement from the initial epidural injection on 10/17/2013. Further, the documents show the patient was being referred for a CT Myelogram, possibly indicating an upcoming surgical procedure; the guides specifically state the purpose is to progress in more active treatment programs and avoiding surgery. Based on the guidelines presented as well as the clinical documentation stated above, the request is not medically necessary.