

Case Number:	CM13-0067106		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2004
Decision Date:	04/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 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:

The patient is a 62 year old female who was injured on 05/18/2004, exact mechanism of injury was not reported. Prior treatment history has included surgical intervention and reported conservative treatment to the cervical spine; however, records were very limited on treatment rendered for lumbar spine. Diagnostic studies reviewed include MRI spine of the lumbar without contrast performed 05/02/2013 revealed severe spinal stenosis at L3-L4 and L4-L5; and lateral recess and foraminal narrowing was present at multiple levels, as described below. PR-2 note dated 11/07/2013 indicated the patient was in for follow up with an exacerbation of an existing problem, cervical pain radiating down the left arm, and numbness of the arm. Her medications at that time were Provigil 200 mg tab; Norvasc 5 mg tab; Lorazepam 1 mg tab; Cymbalta 60 mg CPEP; Soma 350 mg tabs; Norco 10-325 mg tabs. Objective findings on exam included her gait was normal and station was normal; deep tendon reflexes were symmetric at the patella and Achilles. On musculoskeletal exam, with the exception of the neck pain, examination of the rest of the head and neck, spine, and all four extremities revealed inspection and percussion within normal limits and without tenderness; range of motion was within normal limits, without pain or crepitus; muscle strength and tone with normal bulk, without spasticity, flaccidity or atrophy. The patient was diagnosed with low back pain and bilateral sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 epidural steroid injection at L3-L4: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that ESI's are recommended as an option for treatment of radicular pain. In the provided records, it is noted the patient has radiating pain in the arms, however there is no mention of radicular symptoms in the legs. There was no electrodiagnostic studies of the lower extremities provided for my review to document radiculopathy. Furthermore, the guidelines state the purpose of ESIs is to reduce pain and inflammation, restore range of motion and to progress in more active treatment programs. There is no documentation the patient is undergoing any type of active treatment or that this is planned in the future. Additionally, there should be an initial unresponsiveness to prior conservative treatments including exercises, physical methods, NSAIDs and muscle relaxants. There is no documentation of prior conservative treatments attempted and failed. The request is non certified.