MAXIMUS Federal Services

Case Number:	CM13-0069196		
Date Assigned:	01/03/2014	Date of Injury:	10/24/2006
Decision Date:	06/06/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation 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 58 year old male who was injured on 10/24/2006. Mechanism of injury is unknown. Prior treatment history has included the patient having shoulder arthroscopy with rotator cuff repair on the right in 1995 or so. The patient also underwent left knee Supartz injection on 10/28/2013 as well as sacral selective ESI on right S1 level and right L5 level on 10/14/2013. On 07/15/2013 he received intraarticular steroid injection to the left knee joint. Progress note dated 10/29/2013 documented the patient with complaints of neck and low back pain. Recent S1 plus L5 selective epidural blocks performed two weeks ago. These did help the pain in the lower leg and in the low back and posterior leg, but not so much in the anterior and anteromedial thigh, again on the right side. The pain is currently 6/10 in severity in the neck and back. It is sharp and shooting. He gets partial help with medications only. There is too much pain to easily do his exercises. Objective findings on exam reveal when the patient is standing, actually with greater pain on extension than flexion, felt bilaterally. Probably tender over the low back, bilaterally with some spasm a bit more on the right than left paraspinals. Straight leg raising is painful at 45 degrees bilaterally, causing right more so than left. Prone knee bending is painful on the right at 70 degrees and to a lesser extent on left at 120 degrees with pain felt more to the right. Sensory asymmetry is noted, especially for L3 dermatome and to a lesser extent from L1-L3 decreased on the right. Hip flexion shows right 34, left 45 and knee extension right 4, left 45 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4, PLUS L3 SELECTIVE EPIDURAL BLOCKS: 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: As per CA MTUS guidelines, Epidural Steroid Injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, 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 available medical records do not present a confirmatory diagnostic study for the presence of radiculopathy. Moreover, the medical report dated 10/04/2013 (10 days prior the previous injection) rated the patient's pain as 7/10, and the post-procedure report dated 10/29/2013 documented 6/10 rated pain (less than 50% improvement). Therefore, the medical necessity for the Right L4 plus L3 selective Epidural Blocks has not been established according to the guidelines