

Case Number:	CM14-0010542		
Date Assigned:	04/25/2014	Date of Injury:	03/08/2013
Decision Date:	05/29/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, 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 an employee of the [REDACTED] and has submitted a claim for lumbar disc herniation with radiculitis/radiculopathy associated with an industrial injury sustained on 3/8/13. Treatment to date has included physical therapy and medications. Medical records from 2013 were reviewed, showing that the patient complained of low back pain radiating to the lower extremities. Physical examination showed the presence of paraspinal spasm. Range of motion was decreased. An MRI of the lumbar spine, dated 2/18/13, revealed L3-4 5mm central disc protrusion, L4-5 facet arthropathy with mild central canal stenosis, L5-S1 2mm anterolisthesis with disc desiccation, and an annular tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE EPIDURAL STEROID INJECTION L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injection is indicated among patients with radicular pain that has been

unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. No more than two injections is the recommendation. In this case, the rationale given for this procedure is to provide significant pain relief, to facilitate functional restoration and speedy recovery, and to limit the number of anesthetic exposures. Medical records submitted and reviewed do not include comprehensive neurologic examination of the lower extremities, i.e., relevant reflexes, presence or absence of atrophy, sensory examination, and motor strength that will support the diagnosis of radiculopathy. Furthermore, there is no documentation regarding the number of physical therapy visits she has completed to state that there is failure of conservative management. The present request also exceeds the guideline recommendation of no more than two levels for injection. Therefore, the request is not medically necessary.

PRE-OPERATIVE LABS CBC, PT, PTT, INR AND SMA-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.