

Case Number:	CM14-0110591		
Date Assigned:	08/01/2014	Date of Injury:	03/04/2013
Decision Date:	10/07/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family Medicine 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 injured worker is a 55 year old male who had a work related injury on 03/04/13. He was lifting a small ticket off his printer, he twisted himself to place the printer in a cabinet and heard a pop, he felt immediate sharp pain in his back that radiated down his legs. The injured worker was treated with physical therapy, he had initial improvement and was sent for an MRI on 04/18/14. MRI revealed moderate to severe bilateral L4-5 facet joint arthropathy and moderate ligamentum flavum hypertrophy with a 2mm degenerative anterolisthesis of L4 on L5. A 3.5-4mm broad based posterior disc protrusion at L4-5 is also identified contributing to severe L4-5 spinal canal stenosis and severe bilateral L4-5 recess stenosis with potential for impingement on the traversing L5 nerve roots bilaterally. A 3.5mm central and left paracentral posterior disc protrusion at L5-S1 results in mild left L5 lateral recess stenosis. There is also mild bilateral L5-S1 foraminal encroachment. The most recent documentation submitted for review is dated 06/27/14. It is a handwritten note and very limited information, the injured worker is complaining of low back pain and bilateral leg symptoms. Physical examination prior epidural steroid x 1 with mild improvement. The diagnosis is L4-5 stenosis. Prior utilization review on 07/03/14 was non-certified. In review of the medical records, there is no documentation of radiculopathy. The report on 06/27/14 revealed that he had minimal improvement with the prior epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-5 Epidural Steroid Injection #2: 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, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per CAMTUS a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. 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 documentation indicated the caudal epidural steroid injection performed on 07/12/13 provided 30% reduction in pain relief for approximately one month. As such, the request cannot be recommended as medically necessary.

1 pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages: 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general

Decision rationale: The request for 1 pre-operative clearance is not medically necessary. The clinical information submitted for review does not support the request. There is no reason why the request has been made. There is no indication that the patient is undergoing any surgical procedures, as such, medical necessity has not been established. The request is not medically necessary.