

Case Number:	CM14-0120873		
Date Assigned:	08/06/2014	Date of Injury:	11/02/2012
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medical & 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 61 year old male who was injured on 11/13/2012 while lifting a heavy object. The patient underwent anterior partial vertebrectomy at L4, L5 and S1; anterior interbody fusion, L4, L5 and S1; insertion of interbody cage device, L4, L5 and S1; insertion of anterior spinal instrumentation at L4, L5 and S1; insertion of local autogenous bone graft; insertion of bone morphogenetic protein, trademark infuse; insertion of MasterGraft bone graft extender; and continuous monitoring, somatosensory-evoked potentials with electromyography on 02/18/2014. Prior medication history included oxycontin and Percocet. Prior treatment history has included physical therapy. Progress report dated 06/10/2014 indicates the patient presented 4 months postop after anterior and posterior lumbar fusion from L4 to S1 with persistent pain in his lower back radiating to his buttock. Objective findings on exam revealed mild tenderness across his lower back. He is wearing a lumbar corset and brace and can stand straight and upright. Diagnosis is aggravation of lumbar degenerative disk disease status post fusion from L4 to S1. Prior utilization review dated 07/24/2014 by Dr. [REDACTED] states the request for for L3-L4 epidural steroid injection is denied as there is a lack of documented evidence to support the request. There was no documented neurological deficits to demonstrate radiculopathy to warrant this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 epidural injection: 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 Page(s): 46.

Decision rationale: According to the CA MTUS, a nerve block (or epidural steroid injection) is recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). The first criterion for nerve block is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Progress report dated 06/10/2014 did not document neurological deficits on physical exam to demonstrate radiculopathy. The medical necessity for a L3-4 epidural injection is not established at this time.