MAXIMUS Federal Services

Case Number:	CM14-0152596		
Date Assigned:	09/22/2014	Date of Injury:	03/12/2013
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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:

9/15/14 Progress note was in a handwritten and box-check off format. The patient had cervical spine and low back pain, as well as shoulder pain. There was reduced sensation bilaterally at L5-S1 and positive SLR. Range of motion was reduced. 8/4/14 Progress note described ongoing neck and low back pain (6-8/10). 6 sessions of PT had been completed and medications were listed. Clinically, there was reduced sensation and positive SLR. MRI from 6/11/13 was referenced. Additional PT was requested. 6/11/13 MRI of the lumbar spine reportedly revealed disc bulges at L4-5 and L5-S1 with posterior disc bulge, greater on the left with narrowing of the spinal foramina, but probably not compressing or displacing the exiting nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5, L5-S1 Epidural Steroid Injection under Fluoroscopic Guidance x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines imaging studies and/or electrodiagnostic testing Page(s): 46.

Decision rationale: Medical necessity for the requested ESI at L4-5 and L5-S1 is not established. This request previously obtained an adverse determination, as there was lack of documented focal neurological deficits in the L4-5 and L5-S1 dermatomal distribution. CA MTUS does not support epidural injections in the absence of objective radiculopathy, corroborating imaging study documenting correlating concordant nerve root pathology; and exhausted conservative treatment. Although the patient has a 2013 date of injury, extent and duration of rendered conservative treatment has not been documented. The official MRI report was not provided and the reported results did not include evidence of anatomic nerve impingement. It is not entirely clear the duration of sensory loss at L5-S1. Recommend non-certification.