

Case Number:	CM14-0038314		
Date Assigned:	06/25/2014	Date of Injury:	10/30/2010
Decision Date:	08/12/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine, and is licensed to practice in Arizona. 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:

This claimant is a 62-year-old female who acutely injured her back in October 2010 when she leaned over to pick up a piece of paper. She has chronic lower back pain with radiation into her legs; the right more so than the left. The exam notes report tenderness in the lumbar region and decreased range of motion. There are no comments regarding the neurological exam except for the phrase Neurologically unchanged consistent with L-4, L5, S1 involvement. A Qualified Medical Examiner report dated September 13, 2013 states she had an MRI 5/6/11 of the lumbar spine that revealed moderately severe facet arthropathy from L3 through S1. No focal protrusions or significant stenosis, mild disc degeneration and narrowing from L3 through S1 was noted. In January 4, 2014 there are comments that her MRI findings demonstrate neural encroachment at L4-5 and L5-S1 with involvement of the L4 and L5 nerve roots, right greater than left. Unfortunately, the date of this latter MRI is lacking, and the report is not in the chart. There has been no mention of her ever having had an electromyography (EMG). This patient has had two epidurals with reported benefits that lasted four months. She has had pool therapy, land based physical therapy, chiropractic therapy and facet blocks. She has had some benefit, but it did not sustain. She declined a lumbar Rhizotomy. Various medications have included hydrocodone, diclofenac, gabapentin, flexeril, orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L4-5 and 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: The MTUS specifically states that if there are symptoms suggestive of a radiculopathy they must be documented by physical exam and corroborated by imaging or EMG. This has not been done. The physical exam states neurologically unchanged consistent with L4, L5, and S1 involvement and yet there is no clarification available to determine which leg(s) are affected, what the pulses, reflexes, and sensory exam shows. It is unclear if there were actually two MRIs done on this patient or whether there is a discrepancy in the MRI report, as mentioned by the QME and the orthopedist. One comment stated there was no neuro-compression while the other comment suggested there was. Clearly, MRI reports should be available for review and any abnormalities on exam should be correlated with any radiologic neuro-compressive lesions. If there is any ongoing question as to whether the exam is corroborated by the MRI, an EMG could also be helpful. Because there is inadequate documentation, this request for another lumbar epidural is deemed to not be medically necessary.