MAXIMUS Federal Services

Case Number:	CM14-0070577		
Date Assigned:	07/14/2014	Date of Injury:	01/04/2013
Decision Date:	09/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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 Medicine and 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 underlying date of injury in this case is 01/04/2013. The patient's treating diagnoses include lumbosacral strain and lumbar radiculopathy. An MRI of the lumbar spine of 04/09/2014 demonstrated multilevel degenerative changes with mild neuroforaminal narrowing at L4-5 bilaterally and multilevel facet arthropathy which was relatively worse at L4-5. On 03/10/2014, the patient was seen in physician followup and reported neck pain as well as back pain and leg pain without any change. On exam the patient had tenderness over the cervical spine and pain with range of motion. The treating physician recommended MRI imaging of the cervical and lumbar spine at that time. On 04/17/2014, the patient was seen in spine surgery followup. The patient's surgeon reviewed the patient's history and ongoing pain. The treating surgeon opined that the patient had physical examination findings of radiculopathy including motor, sensory, and reflex changes with corresponding nerve tension signs and diagnostic studies. Therefore, the treating physician recommended a left L4-L5 epidural injection. Specific physical examination findings were not documented at that time. The same physician saw the patient in followup on 02/04/2014 and noted on physical examination that the patient had nerve tension signs in the sitting position at 90 degrees and lying down at 80 degrees. There was no significant hamstring tightness. Neurologically the patient had subjective hypesthesia in the left L5 distribution with no strength except possibly for slight weakness on the right side in toe dorsiflexion. On 06/09/2014, the same physician saw the patient in followup and again noted that nerve tension signs were present at 80 degrees with back pain and neck pain. The treating physician specifically noted there was no motor weakness and there was no sensory deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection to left L4-5: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, states that the radiculopathy must be documented on physical examination and corroborated by images studies and/or electrodiagnostic testing. The medical records include inconsistencies in the report of neurological examination findings. Overall, the medical records do not clearly document the presence of symptoms, exam findings, and diagnostic studies which correlate with a particular nerve root distribution. This request is not medically necessary.