

Case Number:	CM14-0080152		
Date Assigned:	07/18/2014	Date of Injury:	04/02/2012
Decision Date:	08/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Interventional Spine 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 47 year old male with an injury date of 04/02/12. Based on the 04/17/14 progress report provided by [REDACTED], the patient has pain in his cervical spine, thoracic spine, lumbar spine, and right shoulder girdle. There is tenderness to palpation over the right lower paravertebral and trapezius muscles of the cervical spine as well as over the right upper, mid and lower paravertebral muscles of the thoracic spine. There is also tenderness to palpation over the upper, mid and lower paravertebral muscles of the lumbar spine. The patient has periscapular and trapezius tenderness with no winging. The patient's diagnoses include the following: 1.Cervical, thoracic, and lumbar spine strain 2.Contusion and straining injury to the right shoulder girdle 3.Cervical radicular syndrome 4.Lumbar radiculopathy 5.L5-S1 spondylolisthesis with spondylolysis with disc protrusion at the L5-S1 level [REDACTED] is requesting for a 2nd lumbar epidural steroid injection under anesthesia with fluoroscopy. The utilization review determination being challenged is dated 05/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/17/13-07/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Lumbar Epidural Injection under anesthesia with fuoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 04/17/14 report by [REDACTED], the patient presents with pain in his cervical spine, thoracic spine, lumbar spine, and right shoulder girdle. The request is for a 2nd lumbar epidural steroid injection under anesthesia with fluoroscopy (no specific levels indicated). The 04/17/13 report states that the patient "Has had improvement with the first injection" which took place on 03/13/13. MTUS guidelines requires 50% reduction of pain lasting 6 weeks or more with reduction in medication use for repeat injection. In this case, the treater indicates that the patient's prior injection resulted in improvement; however, there was no time frame of how long this improvement lasted nor was there a percentage given to show how much the patient improved. None of the provided reports mention any significant functional improvement with medication reduction. MTUS guidelines also state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In the absence of a clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI Is not indicated. Recommendation is for denial.