

Case Number:	CM14-0207924		
Date Assigned:	12/19/2014	Date of Injury:	03/13/2001
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab 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 58 year old male with date of injury 03/13/01. The treating physician report dated 10/13/14 indicates that the patient presents with severe back pain and spasms (32). The physical examination findings reveal that the patient has difficulty walking, range of motion is restricted and causes pain and guarding, and muscle spasms are present. Prior treatment history includes surgery and medications. The patient stated that the medication are helpful and reduce pain. MRI findings reveal L3 to S1 fused, disc bulges at T11-12 and T12-L1, 5mm protrusion at L1-2, and a 5 mm at L2-3. The current diagnoses are: 1. Status Post Previous Laminectomy and Discectomy, L4-52. Status Post Revision Decompression, L4 to S1, with Discectomy at L4-5 to the Left and Anterior- Posterior Fusion, L3-S1-20033. Cervical Sprain4. Moderate Disc Herniation, C6-7, T7-8, and T8-95. Status Post Open Repair of Right Shoulder Rotator Cuff Tendon- 20046. Rotator Cuff Tear, Left Shoulder The utilization review report dated 11/26/14 denied the request for Lumbar epidural injection based on guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for use of Epidural S.

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

Decision rationale: The patient presents with severe back pain and spasms. The current request is for Lumbar epidural injection. The treating physician states that the patient has present muscle spasms. The MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." In this case, the treating physician has documented that the patient does get relief from medications and has not documented that the patient has radiculopathy as required by the MTUS guidelines. The current request also does not state at what level the epidural is to be performed. Recommendation is for denial.