

Case Number:	CM13-0049728		
Date Assigned:	12/27/2013	Date of Injury:	08/24/1998
Decision Date:	03/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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 46-year-old male who reported a work-related injury on 08/24/1998, as a result of strain to the lumbar spine. The patient presents for treatment of the following diagnoses: herniated nucleus pulposus/HNP degenerative disc disease. The clinical note dated 10/14/2013 documents the patient utilizes Phenergan, morphine, Oxycontin, and Cymbalta for his pain complaints. The provider documents the patient last underwent a series of 3 epidural steroid injections on 01/29/2013. It was recommended the patient undergo a series of 3 every 6 to 8 months. Upon physical exam of the patient, the provider-documented flexion was 15 to 20 degrees, the provider documented tenderness over the lumbar columns bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three epidural injections to the lumbar spine: Upheld

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

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

Decision rationale: The current request is not supported. California MTUS indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical notes failed to evidence imaging of the patient's lumbar spine to support the requested injection therapy at this point in his treatment.

Furthermore, guidelines do not support utilization of a series of 3 injections in either the diagnostic or therapeutic phase. In addition, California MTUS indicates in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 modalities or procedural units in total per visit, allowing the physical therapy visit to focus on those treatments where there is evidence of functional improvement blocks per region per year. The patient has undergone a prior series of 3 epidural steroid injections about the lumbar spine, with no documented quantifiable evidence of functional improvement or decrease in rate of pain on a VAS scale, with subsequent reduction in medication use. Given all the above, the request for a series of 3 epidural steroid injections to the lumbar spine is not medically necessary or appropriate.

Fluoroscopic guidance for the ESIs: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pain management follow up after the ESIs: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.