

Case Number:	CM14-0164029		
Date Assigned:	10/08/2014	Date of Injury:	01/22/2014
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 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:

According to the provided documents this is a 58-year-old woman with the date of injury on 1/22/14 reportedly by repetitive lifting according to the utilization review determination letter. The disputed request is a spine lumbar/sacral injection addressed in a utilization review determination from 9/17/14. There is a 7/1/14 operative report for an L4-5 lumbar epidural steroid injection. Preoperative and postoperative diagnoses are L4-5 disc herniation. A handwritten 6/2/14 letter that is poorly legible, written by the same provider who did the injection includes subjective complaints that the back pain persists followed by a poorly legible phrase. Objective findings are not legible. The diagnosis may say L4-5 HNP. Treatment plan has [illegible word], Ultram 50 mg #60 and omeprazole. There is another handwritten progress report, PR-2 dated 7/28/14 that has subjective complaints of back pain constant, injection helped for a few weeks. The objective findings appear to address the range of motion as being 80% and 85% and possibly 50% but it is not clear what movements these are measuring. The diagnosis is not legible, treatment plan appears to say inject left [illegible word] 3 weeks remain off work. There is another handwritten PR-2, from 10/6/14 that has subjective complaints of persistent back pain awaiting authorization for injection lumbar range of motion 85%, neuro intact (reviewers best effort) diagnosis appears to say L4-5 disc protrusion and possibly left shoulder tendinitis. Treatment plan is request authorization for [illegible word]. Written in a different appearing handwriting next event is the word denied with an underline. Additional information in the clinical summary from the utilization review determination is that the patient had an MRI of the lumbar spine on 3/21/14; there is a request for authorization dated 8/19/14 for a lumbar epidural steroid injection in L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECT SPINE LUMBAR/SACRAL: Upheld

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

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

Decision rationale: None of the provider's reports document any clinically evident radiculopathy on examination consistent with the L4-5 level or any lumbar nerve roots. The patient did have one epidural steroid injection at that level but the clinical response as document does not appear to be significant. This request falls short of MTUS guidelines because there is no clinically evident radiculopathy documented, which is required; if there WERE a clinically evident radiculopathy present it would need to be corroborated by diagnostic testing with either the MRI or electrodiagnostic testing. Guidelines only recommend repeating the epidural if there is at least 50% reduction in pain relief that results in 6-8 weeks of objective functional improvement which is not documented in the available reports. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.