

Case Number:	CM14-0183710		
Date Assigned:	11/10/2014	Date of Injury:	07/14/2004
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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:

This patient is a 49 year old female who had developed chronic low back pain subsequent to an injury dated 7/4/04. She is noted to have leg radiation with hypoesthesia of the lateral ankle and foot (the side is not documented). No reflex, gait or strength changes are documented. MRI studies have revealed moderate spondylotic changes with L4-5 and L5-S1 changes consistent with a possible radiculopathy. The L3-4 level is not described to have a foraminal stenosis. Electrodiagnostics of the lower extremities are reported to be negative. A '12 QME report states that here was an epidural injection in '11 that gave up to 6 months of relief. The requesting physician does not document the dates and extent of relief from subsequent epidurals except to state that they provide temporary relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Therapeutic Pain Management L3-L4 with Epidurogram: 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 Epidural Injections Page(s): 46.

Decision rationale: MTUS Guidelines are very specific regarding appropriate standard for epidural injections; there should be a clinical radiculopathy that corresponds to diagnostic testing and from the prior injection there should be clear documentation of a 50 percent improvement for at least 6 weeks with associated diminished need for oral analgesics. Neither of these standards is met. The request for L3-4 injections does not meet diagnostic or clinical criteria for an epidural. The request for an L4-5 injection does not meet the clinical criteria as no active L5 radiculopathy is documented. Under these circumstances the request for the L3-4, L4-5 epidural with epidurogram is not compliant with Guidelines and is not medically necessary.

Outpatient Lab Work-up due to diabetes and high blood pressure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, and Pre-Operative Lab Testing

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

Decision rationale: The request for laboratory testing is in direct relationship to the request for epidural injections that involves the injection of steroids and contrast materials. The epidural injections were denied which directly leads to the conclusion that the request for lab testing is not medically necessary.