

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, has a subspecialty in Interventional Spine 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 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The first page of the record stack is from Liberty Mutual, faxed on 10/3/13 and includes a denial from a Connecticut physician, [REDACTED], MD (internal medicine/family medicine) for a lumbar ESI at L5/S1. It was denied because the patient had an ESI on 6/12/13 with a favorable response, and no longer has radicular exam findings. The patient is a 22 YO, F, born in 1991 with bilateral wrist and low back pain on a 4/16/12 industrial injury claim. She only worked 6-months as a caregiver for a retirement home when she developed wrist and back pain.

RECORDS:

8/12/13 PR2, Dr Qian, worsening LBP.

7/24/13 PR2, [REDACTED], MD notes that the patient did have some improvement with her last injection but continues to have pain. The patient reports increased pain with activities, such as walking her dog. Normal gait. Negative spasm. Motor 5/5 lower, heel/toe walk normal. Reflexes 2+, pain on flexion and extension. Negative SLR supine, both positive on seated. Tinel's and reverse Phalen's positive.

7/9/13 PR2, Dr [REDACTED] reports performing 2 ESIs on the patient with close to 50-65% improvement. He also notes that the patient is trying to lose weight, but has not had PT. The patient has intermittent back and left wrist pain. Negative tenderness lumbar, no spasms, no SI tenderness, motor is 5/5, normal heel/toe walk.

7/3/13 Operative Report, L5/S1 ESI, [REDACTED] MD.

6/12/13 PR2, Dr [REDACTED], 2-months post LESI, she had a favorable response initially but her pain has recurred to a similar level as prior to the injection. Motor 5/5, reflexes 2+, neg SLR, neg heel/toe walk.

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4/10/13 Operative Report, L5/S1 ESI, [REDACTED], MD.

3/19/13 PR2, [REDACTED], MD notes that the patient continues to experience pain without improvement. She is not working secondary to pain. Tender SI joints, left only. Patrick's positive. Neg lumbar spasm, motor 5/5 bilat. Neg SLR. Phalens positive. Indicated for pain management f/u with Dr [REDACTED].

3/18/13 MRI, lumbar w/flex/ext Impression: L4/5 broad-based central disc protrusion effaces the thecal sac and bilateral transiting nerve roots disc measures less than 1mm in neutral/extension and 3.2mm in flexion. (2) decreased flexion and extension ROM. (3) well-defined round focus of high intensity signal on T2-weighted images and low signal intensity of T1 weighted image along the superior aspect of the Schmorl's node at L4 may represent degenerative changes, atypical benign hemangioma, or possible aggressive osseous lesion. Clinical correlation recommended. f/u imaging may be performed such as MR with and without contrast if clinically necessary. (4) Schmorl's node from T12/L1 to L4/5, (5) disc desiccation at L4/5, (6) straightening of the lumbar lordosis (7) decreased flexion and extension ROM, (8) no other abnormalities are seen.

2/12/13 Initial Orthopedic Evaluation, [REDACTED], MD, patient complains of right wrist, left wrist and low back pain. 21 YO, female injured on 4/16/12 while working as a caregiver for about 6 months. Assessment: SI joint synovitis; low back pain; bilateral wrist strain; r/o CTS. Recommends lumbar MRI and EMG BUE, rx Anaprox 550mg bid.

IMR DECISION(S) AND RATIONALE(S)

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

1. L5-S1 Lumbar Epidural Steroid Injection is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), page 46, which is part of MTUS.

The Physician Reviewer's decision rationale:

It appears the patient had the first L5/S1 ESI on 4/10/13, and a 2nd L5/S1 ESI on 7/3/13. MTUS has a list of criteria for ESIs. The first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 3/18/13 MRI mentions the L4/5 protrusion effacing the transiting nerve roots. However, the 3/19/13 physical exam does not show any evidence of radiculopathy or radicular symptoms. The 6/12/13 PR2 by Dr [REDACTED] does not have exam findings that suggest radicular symptoms or radiculopathy, so the 7/3/13 L5/S1 also does not meet MTUS criteria. The 7/24/13 and 8/12/13 PR2s, do not have any exam findings consistent with radiculopathy.

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