

Case Number:	CM13-0009738		
Date Assigned:	10/11/2013	Date of Injury:	10/31/2011
Decision Date:	01/22/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/12/2013

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 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.

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 underlying date of injury in this case is reported as 10/31/2011, with the notation that there is a cumulative trauma history since 11/18/2010. The primary diagnosis is 722.10, or lumbar disc displacement. On 08/21/2013, the primary treating physician saw the patient in follow-up and also addressed the issue of a recent utilization review with denial of an epidural steroid injection. The patient reported that Norco decreased pain, but it was causing occasional abdominal symptoms. The patient reported neck pain and back pain which was 3-5/10 along with bilateral lower extremity numbness, tingling, and pain extending to the feet, worse on the right. On exam the patient had decreased motion globally in the cervical and lumbar spine. Sensation was decreased on the right at L4, L5, and S1 and also was decreased on the right in the C6 through C8 dermatomes. With reference to the prior epidural injection denial, the treating physician noted that a prior reviewer stated imaging studies and EMG studies did not corroborate a radiculopathy. However, the treating physician notes that an EMG of 06/28/2012 showed a right S1 radiculopathy, and an MRI of the lumbar spine on 02/08/2013 demonstrated a herniated disc at L5-S1 with bilateral neuroforaminal stenosis. The treating physician noted the patient had decreased sensation in the L5 and S1 dermatomes as well as weakness in the same areas and positive straight leg raising bilaterally. An initial physician review states specifically that the patient had a past electrodiagnostic study that showed evidence of right S1 radiculopathy and then states there was no objective interpretation of the results in the medical report submitted. Similar comment is made regarding the patient's past MRI study of 02/08/2012. That reviewer does additionally note that the patient had decreased sensation in the right L4, L5, and S1 dermatomes and right C6 and C7 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection bilateral L5-S1: Overturned

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The appeal letter in this case outlines very specific evidence demonstrating symptoms, physical exam findings, imaging studies, and electrodiagnostic evidence to support the presence of a radiculopathy. A prior physician review concluded much of this information although apparently concluded that the testing results were not objective. The basis for this conclusion is not apparent. The medical records and the physician appeal in this case classically meet the criteria in the guidelines for an epidural injection. This request is medically necessary.