

Case Number:	CM13-0017015		
Date Assigned:	12/11/2013	Date of Injury:	07/31/2009
Decision Date:	07/02/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/27/2013

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 Physical Medicine & 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 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:

The patient is a 55 year old female who was injured on 07/31/2009 when she was involved in a rear-end motor vehicle accident. She sustained injury to her neck, back, right knee and left shoulder. She has been treated with medications, physical therapy, chiropractic treatment and home exercise program. Progress report dated 06/18/2013 documented the patient with complaints of pain in the lumbar spine. The pain is described as radiating to bilateral legs, right side more than left, down to the heel with weakness, numbness and tingling sensation. Objective findings on examination of the lumbar spine reveal there is diffuse tenderness to palpation over the lumbar paraspinal musculature. Sacroiliacs tests were all negative. Seated straight leg raise was positive at 50 degrees on the right as well as supine straight leg raise at 40 degrees on the right. Sensation is intact as to pain, temperature, light touch, vibration and two-point discrimination in all dermatomes on the right except at the L5 and S1 distributions. Lower extremity muscle testing was 5/5 in all muscle groups on the left. Plantar flexors 5/5 bilaterally, foot evertors 4/5 right, big toe extensors 4/5 on right. Lower extremity reflexes in knees 2+ bilaterally and 1+ in Achilles bilaterally. Diagnoses were 1) Lumbar spine disc disease; 2) Lumbar radiculopathy; 3) Lumbar facet syndrome Treatment/Recommendations: Right L5-S1 and right S1 transforaminal epidural steroid injections times two. The patient has radicular symptoms on physical examination and neuroforaminal stenosis and nerve root compression on MRI scan. She had conservative treatment including physical therapy, chiropractic manipulative therapy, medication, rest and home exercise program UR report dated 08/09/2013 modified the request for right L5-S1 and right S1 transforaminal epidural steroid injection using fluoroscopy times two (2) to transforaminal steroid injection x 1 initially.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5-S1 AND RIGHT S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION USING FLUOROSCOPY TIMES 2: 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 steroid injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends epidural steroid injection as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The medical records document the patient to have decreased sensation over the L5-S1 distribution, positive straight leg raise on the right as well as decreased motor strength at the foot evertor and big toe on the right. Although the patient has documented clinical radiculopathy, the request is for two epidural steroid injections. The guidelines do not recommend repeat blocks unless there is continued documented functional improvement as well as associated reduction of medication for six to eight weeks. The request for two epidural steroid injections would not be medically necessary based on the criteria noted above and the medical records provided.