

Case Number:	CM13-0017386		
Date Assigned:	11/06/2013	Date of Injury:	03/16/2007
Decision Date:	04/28/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 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. 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 49 year-old female with date of injury 3/16/2007. An electromyography/ nerve conduction study performed on 2/19/2013, showed a right L4 nerve root impingement. The patient reports that she has undergone two lumbar surgeries, the most recent, a lumbar laminectomy with fusion and placement of hardware at L4-5 and L5-S1 in 2011. A CT scan of the lumbar spine, performed on 4/16/2013, showed calcification at the foramen of the right L5-S1 and some narrowing of the foramen in that area. In an orthopedic qualified medical evaluation dated 04/15/2013, the examiner makes reference to a lumbar MRI scan performed 12/27/2012 which revealed postoperative changes at L4-5 and L5-S1 absent any significant neural compression. He also notes the above mentioned EMG/NCS citing chronic right L4 nerve root impingement with no evidence of reinnervation on the left at L4 or bilaterally at L5-S1. In the last physician visit prior to the utilization review decision dated 07/30/2013, the patient was complaining of low back pain radiating down both legs. There is no physical examination or diagnoses listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL ESI BIL L5-S1: 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), Section Epidural Steroid Injections (ESIs).

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

Decision rationale: There is no documentation for radiculopathy in either the L5 or S1 nerve roots. In fact, both a CT scan and lumbar MRI show the foramen to be open at the L5-S1 level. The most recent EMG/NCS reveals the employee's radicular complaints emanating from the L4 nerve root. Transforaminal ESI Bil L5-S1 is not medically necessary.