

Case Number:	CM13-0017539		
Date Assigned:	11/06/2013	Date of Injury:	10/20/2012
Decision Date:	02/03/2014	UR Denial Date:	08/16/2013
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 Physical Medicine & Rehabilitation, and is licensed to practice in New York and 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 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 who reported an injury on 10/20/2012. The mechanism of injury information was not provided in the medical record. The patient diagnoses were lumbago, and thoracic or lumbosacral neuritis or radiculitis, unspecified. Review of the medical records revealed the patient has MRI of the lumbar spine on 03/28/2013, which showed L4-S1 facet arthropathy and disc bulges. The most recent clinical note dated 08/05/2013 reported the patient complained of low back pain, posterior right leg pain, and right leg weakness with numbness and tingling to right leg. Physical examination revealed all motor strength 5/5 except ankle dorsiflexion tibialis anterior at 4/5, and great toe extension extensor hallucis longus 4/5. There was noted decreased sensation in the knee and medial leg at L4, and on the lateral and dorsum of the foot at L5. The sole of the foot and posterior leg also had decreased sensation at S1. There were positive straight leg raise bilaterally in supine position. The patient had undergone extensive conservative measures including physical therapy and medications with some improvement but with residual ongoing symptoms. The patient was to continue modified duty with restrictions of no lifting, pushing, or pulling greater than 20 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side L4-5, L5-S1 transforminal ESI with epidurography: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: California MTUS states epidural steroid injections are recommended as an option for treatment of radicular pain which is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. California MTUS states, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There are no radiographic findings of radiculopathy noted in the medical record. The last MRI provided in the medical record dated 03/28/2013 revealed L4-S1 disc bulges and facet arthropathy. There is not sufficient radiographic information provided in the medical record to support the medical necessity of the requested service. As such the request for right side L4-5, L5-S1 transforminal ESI with epidurography is non-certified.