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| Case Number: | CM13-0022482 | | |
| Date Assigned: | 03/14/2014 | Date of Injury: | 01/29/2012 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 09/11/2013 |

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 61-year-old male who reported an injury on 01/29/2012. The injury was noted to have occurred when the patient ran into a closed glass sliding door and fell backward. He is diagnosed with lumbar disc displacement without myelopathy. His symptoms are noted to include low back pain with radiation down his bilateral lower extremities, left worse than right. His physical examination findings include decreased motor strength in left foot dorsiflexion compared to the right foot. It was noted that the patient had previously been treated with chiropractic treatment, medication, and physical therapy. His treating physician indicated that a lumbar MRI had been performed on 05/23/2013 and indicated multilevel disc disease and central canal stenosis most pronounced at the L4-5 and L5-S1 levels, with mild improvement in the impingement of the exiting nerve roots. A recommendation was made for a lumbar epidural steroid injection as the patient had pain radiating in the L5-S1 dermatomal distribution and correlation with his physical examination findings and lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL LUMBAR ESI AT L4-L5 AND L5-S1 x1, WITH LUMBAR MYELOGRAPHY, LUMBAR EPIDUROGRAM, IV SEDATION UNDER FLUOROSCOPIC GUIDANCE, AND WITH CONTRAST DYE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injection may be recommended for patients with radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The clinical information submitted for review indicates the patient has complaints of radiating pain down his posterior bilateral lower extremities, left worse than right. Additionally, he was noted to have some decreased motor strength in his left foot dorsiflexion. This was noted to correlate with his MRI findings which his treating physician indicated showed impingement of the exiting nerve roots at the L4-5 and L5-S1 levels. However, the MRI report was not provided in the medical records in order to correlate with the patient's documented physical examination findings. Additionally, as the patient was not noted to have physical examination findings consistent with radiculopathy in his right lower extremity, bilateral epidural steroid injections are not warranted. Therefore, in the absence of a formal MRI report and evidence of radiculopathy upon physical examination in the right lower extremity, the request for bilateral transforaminal lumbar epidural steroid injections at the L4-5 and L5-S1 level are not supported.