

Case Number:	CM13-0022644		
Date Assigned:	06/09/2014	Date of Injury:	11/22/2011
Decision Date:	08/06/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 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 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:

Patient is a 47 year-old male with date of injury 11/22/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/23/2013, lists subjective complaints as back pain with radiation to the bilateral lower extremities with associated numbness in the posterior and lateral right lower extremity. Objective findings: Examination of the lumbar spine revealed the patient had 5/5 strength in the lower extremities, sensation was intact, but decreased over the left lateral leg in the L5-S1 dermatome. Patrick's sign and Gaenslen's maneuver were negative. Straight leg test was positive on the left side. Diagnosis: 1. Bilateral wrist pain, status post carpal tunnel release bilaterally 2. Chronic right knee pain with osteoarthritis, status post right knee arthroscopy 3. Chronic left knee pain 4. Bilateral feet and ankle pain 5. Lumbar degenerative disc disease with right lumbar radiculitis 6. Neck pain 7. Right shoulder pain. Patient underwent an electrodiagnostic study on 08/23/2013 which was notable for the presence of chronic bilateral S1 radiculitis. An MRI of the lumbar spine was performed on 03/08/2014 which was notable for L5-S1 level broad-based posterior disc bulging. In addition, there was a small far right lateral disc herniation which filled the lower neural foramen and may be a source of irritation of the exiting right L5 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRANFORAMINIAL LUMBAR EPIDURAL STEROID INJECTION BILATERALLY AT S1 UNDER FLOUROSCOPIC GUIDANCE AND CONSCIOUS SEDATION:

Overtuned

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 Page(s): 46.

Decision rationale: The patient's findings documented in the report associated with the request for lumbar epidural steroid injection bilaterally at the S1 nerve root meet the criteria for authorization listed in the MTUS. There is decreased sensation in the S1 dermatome on the left, electrodiagnostic studies showed bilateral S1 radiculopathy, and there is a broad-based posterior disc bulge at L5-S1. The request is thus medically necessary and appropriate.