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| Case Number: | CM13-0024286 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 03/21/2013 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

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, has a subspecialty in Pain 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 injured worker has a date of injury of March 21, 2013. Relevant history includes a previous laminectomy in 2001 with disc excision at the L4-5 level. The patient has low back pain which radiates into the left leg. This is documented in a progress note on date of service July 25, 2013. Examination also reveals focal tenderness, left greater than right especially over the L4 through S1 posterior spinous processes and paravertebral muscles. Range of motion maneuvers results in pain. The patient showed some mild weakness of her left extensor digitorum longus, gastrocnemius, and peroneal muscles. Straight leg raise test was negative bilaterally. The patient has decreased sensation in the L5 and S1 nerve root distribution to her foot. In this same progress note on date of service July 25th, 2013, there is a discussion under the section "diagnostic testing" that the patient's magnetic resonance imaging (MRI) showed "some mild hypertrophy and focal stenosis at the L3-4 level and grade 1 spondylolisthesis at the L4-5 level with bilateral left greater than right impingement." The official radiology report of the lumbar MRI on date of service June 10, 2013 documented "L4-5 laminectomy, severe facet arthropathy at L4-5 with spondylolisthesis of 4mm with L4 anterior to L5." The report states that the neural foramina show mild narrowing but no nerve root impingement at L4 -5." This is in contrast to a progress note dated 8/27/2013, which specified under the Radiographic Review section on page 5 that the lumbar MRI showed "some L4 - L5 nerve root impingement noted." A utilization review performed on August 14, 2013 noncertified the lumbar epidural steroid injection, specifying that the request failed to "meet CA MTUS criteria in that the clinical does not unequivocally describe the radiculopathy on both physical examination and imaging/EDS at the level requested."

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection (LESI) at left L4-L5: Overturned

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 Section Epidural Steroid Injections Page(s): 47.

Decision rationale: The MTUS guidelines, regarding Epidural Steroid Injections (ESIs), indicates they are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In the case of this employee, there is adequate demonstration of clinical findings on examination to suggest lumbar radiculopathy. This includes some mild motor weakness as well as decreased sensation in the L5 and S1 dermatomes. However, the guidelines also specify for objective confirmation via imaging and/or electrodiagnostic studies. The electrodiagnostic testing was not conclusive and the report specifies that the study of "right lower extremity did not document a definite radiculopathy involving the right leg. The absence of reflexes bilaterally may suggest as one radiculopathy." Although the lumbar MRI and electrodiagnostic studies were not conclusive in demonstrating radiculopathy and nerve root impingement, it is clinically reasonable to trial an epidural steroid injection for diagnostic purposes which are described in the Chronic Pain Medical Treatment Guidelines cited above. In some cases of radiculopathy, there is no overt mechanical impingement. But given that this employee has documented laminectomy at this level which could result in some fibrosis, and that the radiology report did mention foraminal narrowing, the request for an epidural steroid injection is recommended for certification.