

Case Number:	CM13-0029314		
Date Assigned:	03/28/2014	Date of Injury:	01/13/2013
Decision Date:	05/09/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/25/2013

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, has a subspecialty in Interventional Spine, 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:

The patient is a 50-year-old female with date of injury of 1/13/13. Based on the progress report dated 9/11/13 by [REDACTED], [REDACTED], the diagnoses include neck and lumbar sprain, contusion of elbow, bilateral hip/thigh sprain, lumbar disc disease and cervical disc displacement. The patient has low back pain with pain that radiates to right posterior thigh and numbness of right lateral thigh. Examination has positive right straight leg raise test. Lumbar MRI from 6/17/13 showed minor disc bulge and desiccation at L3-4 and L5-S1 and advanced degenerative disc at L5-1. [REDACTED] is requesting transforaminal epidural steroid injection at right L5-S1. The utilization review determination being challenged is dated 9/18/13 and recommends denial of the requested treatment. [REDACTED] is the requesting provider and provided reports from 3/7/13 to 2/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION, RIGHT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

Decision rationale: The patient presents with lumbar pain with radiation down the posterior right leg. The request is for transforaminal epidural steroid injection at right L5-S1. The treater indicates right-sided lumbar pain radiating to the right posterior thigh with lateral thigh and calf numbness and positive straight leg raise on the right on examination. Utilization reviewer denied the request on 9/18/13 with the rationale, "...the patient doesn't have any radicular symptoms in the right L5-S1 distribution. The EMG/NCV testing is normal and the MRI doesn't reveal any significant abnormality." In reference to an epidural steroid injection, MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient presents with dermatomal distribution of pain (in L5 vs. S1 nerve), positive examination with straight leg raise and failure of conservative care. However, MRI only shows degenerated disc without disc herniation, stenosis or nerve root lesion that would explain the patient's right leg symptoms. EMG was noted to be normal as well. Recommendation is for denial.