

Case Number:	CM13-0035491		
Date Assigned:	12/13/2013	Date of Injury:	12/15/1995
Decision Date:	07/23/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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 and Rehabilitation 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:

This patient sustained an injury on 12/15/1995 while employed by [REDACTED]. Request under consideration include 1 transforaminal/caudal epidural steroid injections with IV sedation and fluoroscopy at right L5. There was a UR letter dated 9/27/13 to the PA-c noting requests on 4 separate occasions for medical information to support the LESI; however, no reports were provided. The request for 1 transforaminal/caudal epidural steroid injections with IV sedation and fluoroscopy at right L5 was non-certified on 9/27/13 citing guidelines criteria and lack of medical necessity. There is report dated 9/13/13 from the provider noted the patient with right buttock pain radiating down lateral leg/thigh/foot with numbness, tingling, and weakness. The patient had 3 low back surgeries all in one year around 15 years ago. He is currently medically retired. Current medications list Vicodin, Naprosyn, and Lisinopril. Brief exam only noted vitals, normal gait, some increase in pain with straight leg raise at 75 degrees; point tenderness on palpation at right SI joint, sciatic notch, and right piriformis. The provider noted both EMG/NCS and MRI of the lumbar were done "at this facility." Per the provider, EMG/NCS of lower extremities showed mild right L5 radiculopathy (no official report); MRI of lumbar spine (no official radiology report) showed evidence of previous surgery at L4-L5, right lateral recess disc herniation with endplate spurring at right L5 nerve root with foraminal narrowing; left disc extrusion at L1-2 and mild stenosis and narrowing at L2-4. Diagnoses included lumbar spine HNP/bulge; L-spine DDD/radiculopathy. Treatment plan was for right L5 transforaminal epidural steroid injection for diagnostic and possibly therapeutic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transforaminal/caudal epidural steroid injections with IV sedation and fluoroscopy at right L5: 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 46 Page(s): 46.

Decision rationale: This patient sustained an injury on 12/15/1995 while employed by [REDACTED]. Request under consideration include 1 transforaminal/caudal epidural steroid injections with IV sedation and fluoroscopy at right L5. There was a UR letter dated 9/27/13 to the PA-c noting requests on 4 separate occasions for medical information to support the LESI; however, no reports were provided. The request for 1 transforaminal/caudal epidural steroid injections with IV sedation and fluoroscopy at right L5 was non-certified on 9/27/13 citing guidelines criteria and lack of medical necessity. There is report dated 9/13/13 from the provider noted the patient with right buttock pain radiating down lateral leg/thigh/foot with numbness, tingling, and weakness. The patient had 3 low back surgeries all in one year around 15 years ago. He is currently medically retired. Current medications list Vicodin, Naprosyn, and Lisinopril. Brief exam only noted vitals, normal gait, some increase in pain with straight leg raise at 75 degrees; point tenderness on palpation at right SI joint, sciatic notch, and right piriformis. The provider noted both EMG/NCS and MRI of the lumbar were done "at this facility." Per the provider, EMG/NCS of lower extremities showed mild right L5 radiculopathy (no official report); MRI of lumbar spine (no official radiology report) showed evidence of previous surgery at L4-L5, right lateral recess disc herniation with endplate spurring at right L5 nerve root with foraminal narrowing; left disc extrusion at L1-2 and mild stenosis and narrowing at L2-4. Diagnoses included lumbar spine HNP/bulge; L-spine DDD/radiculopathy. Treatment plan was for right L5 transforaminal epidural steroid injection for diagnostic and possibly therapeutic purposes. There were no neurologic deficits documented in motor strength and sensation with only objective findings of point tenderness and positive SLR. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any failed conservative treatment trial for this chronic injury of 1995 without flare-up, change in clinical findings or new injuries identified. Criteria for the LESI have not been met or established. The 1 transforaminal/caudal epidural steroid injections with IV sedation and fluoroscopy at right L5 is not medically necessary and appropriate.