

Case Number:	CM13-0049557		
Date Assigned:	07/02/2014	Date of Injury:	08/04/2009
Decision Date:	08/05/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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 and Washington. 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 injured worker is a 43-year-old with a reported date of injury of August 4, 2009. The mechanism of injury was not provided within the clinical notes. The clinical note dated October 21, 2013 reported that the injured worker complained of chronic symptoms of radiating left leg pain. The physical examination revealed the injured worker's pain radiated from her buttocks into her posterior thigh and calf at the L5 and S1 dermatome distributions. The motor examination revealed chronic weakness in the left L5-S1 myotome. A repeat MRI of the lumbar spine dated September 6, 2013 reported postoperative findings related to her L5-S1 disc protrusion. The injured worker's diagnoses included L5-S1 lumbar disc herniation and status post lumbar micro discectomy. The injured worker's prescribed medication list included fentanyl patch, Norco 10/325 mg, Advil, and Aleve. The provider requested epidural steroid injections. The rationale was listed as to moderate her discomfort. The Request for Authorization was submitted on April 19, 2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 and S1 lumbar Transforaminal Epidural Steroid Injection (TESI) with intravenous (IV) sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker complained of chronic symptoms of radiating left leg pain. The treating physician's rationale for epidural steroid injections is to moderate the injured worker's pain. The Chronic Pain Medical Treatment Guidelines, recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of two injections should be performed. The clinical documentation indicating a physical examination finding of radiculopathy with corroborated evidence on imaging was not provided within the clinical documentation. Given the information provided, there is insufficient evidence to determine the appropriateness of an epidural steroid injection to warrant the medical necessity. The request for a left L5-S1 and S1 lumbar TESI with IV sedation is not medically necessary or appropriate.