

Case Number:	CM13-0058102		
Date Assigned:	12/30/2013	Date of Injury:	02/16/2012
Decision Date:	08/04/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 underlying date of injury in this case is 02/16/2012. This patient's diagnosis is lumbar radicular pain. A lumbar MRI of 04/23/2012 demonstrated small disc bulges from L3-4 through L5-S1. The left L5 nerve root slightly contacted the disc bulge in the neural foramen. As of 09/18/2013, the patient was seen by his primary treating physician and reported worsened pain with numbness in the left leg. On exam, the patient had tenderness in the lumbosacral junction with symmetrical patellar and Achilles reflexes. Decreased sensation was noted by pinwheel testing on the left at L5 and S1 with positive straight leg raising. By 10/16/2013, the patient was seen in physician follow-up with ongoing pain limiting the patient's activities of daily living. The patient continued to have decreased pinwheel sensation on the left at L5-S1 with positive straight leg raise. A left L5-S1 epidural injection was recommended. An initial physician review recommended non-certification of a lumbar epidural injection because such an injection had been previously authorized on 09/12/2012, and it was not known whether this was performed and, if so, what the results were of that procedure. I note that on 10/16/2013, the treating physician documented that a report from another physician indicated the patient had undergone previous facet injection but not epidural injection or selective nerve root injection treatment previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal L5-S1 epidural steroid injection per DWC form dated 10/22/13 quantity 1.00: Overturned

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, state that radiculopathy must be documented by physical examination and corroborative imaging studies and/or electrodiagnostic testing. A prior physician review noted that it was unclear whether a previously certified epidural injection from 2012 had been performed. Review of the medical records currently indicates that the treating physician has documented that the patient had previously underwent facet injections but no epidural steroid injections. It is unclear whether the prior certification was conveyed to the physician or for what reason prior epidural injections were not done after certification. In any event, the current situation is that of radicular symptoms confirmed on physical examination and by MRI imaging, which are consistent with the requested epidural injection. This request is medically necessary.