

Case Number:	CM13-0058829		
Date Assigned:	06/09/2014	Date of Injury:	02/07/2003
Decision Date:	07/17/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational 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 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 is a 58-year-old female with a 2/7/03 date of injury. An MRI dated 12/28/12 indicated L3/4 and L4/5 facet degenerative disease. The patient had a right SI cortisone injection on 3/1/13 with 70 percent symptom relief. The patient was seen on 10/31/13 with low back complaints and right leg radiculopathy. Exam findings from 10/9/13 revealed limited range of lumbar motion, otherwise the exam was normal. There were no objective signs of radiculopathy. An appeal letter filed on 10/31/13 revealed exam findings of pain with lumbar motion and over the L4/5 facet joint. Otherwise the lower extremities had 5/5 strength throughout, sensation was intact, and straight leg raise was negative bilaterally. The patient was able to heel and toe walk. The patient's diagnosis was lumbago and sacroilitis. She was most recently seen on 5/28/14 where it was noted the patient had finished her physical therapy in April 2013, which provided some short-term relief. She had complaints of radicular pain from the low back to the right lower extremity. Exam findings revealed the patient has numbness in the right foot in the L5 and S1 dermatomes, and pain on lumbar motion. Motor strength was 5/5 in the lower extremities. A nerve conduction study dated 2/4/14 was noted to be consistent with right L5 and S1 radiculopathy (the official report was not available for review). Treatment to date: SI injection, medications, TENS unit, physical therapy x 6 sessions. A UR decision dated 11/22/13 denied the request given the patient had no objective findings of radiculopathy on exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL IN L4-5, L5-S1 QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: CA MTUS criteria states that indications for epidural steroid injections require that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing documenting correlating concordant nerve root pathology, and failure of conservative treatment. This is a 58-year-old female with a 2003 date of injury. The patient has complained of low back pain which radiates down the right leg. As of 10/9/13 there were no objective findings of radiculopathy. She has recent objective findings of numbness in the right foot, and per the 5/28/14 progress report the distribution is in the L5 and S1 right dermatomes. The MRI dated 2/28/12 showed L3/4 and L4/5 facet degenerative disease. However, an electrodiagnostic study from 2/4/14 was noted to reveal L5 and S1 radiculopathy in the progress notes. Therefore, the request for lumbar epidural injections to L4/5 and L5/S1 was not medically necessary. Both physical exam findings and electrodiagnostic findings both support right L5 and S1 radiculopathy, An injection to the left side would appear to be unnecessary. The request failed to identify the laterality of the requested epidural injection. Therefore, the requested Lumbar Epidural in L4-5, L5-S1 qty: 1.00 is not medically unnecessary.