MAXIMUS Federal Services

Case Number:	CM13-0065182		
Date Assigned:	01/03/2014	Date of Injury:	05/15/2009
Decision Date:	05/19/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/13/2013

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, 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 51-year-old female with date of injury of 5/15/09. The treating physician report dated 10/29/13 indicates that the patient presented with chronic left L5 sciatic neuralgia as diagnosed by electromyography (EMG) nerve studies, as well as chronic left tibial neuritis. The current diagnoses are: 1. Chronic left tibial neuritis; 2. Mild _____ of the left lower extremity, improving; 3. Chronic tibial neuritis; and 4. Chronic left ankle and foot pain. The utilization review report dated 11/14/13, denied the request for L5/S1 Transforaminal Lumbar Epidural based on the rationale that there was no evidence to support that the previous injections provided appropriate relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION: L5-S1 TRANSFORAMINAL ESI: 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 (ESIs) Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

FOR LOW BACK REGARDING EPIDURAL STEROID INJECTIONS (ESIs), THERAPEUTIC

Decision rationale: The patient presented with left lower extremity pain, which was diagnosed as chronic left lumbosacral radiculopathy. The current request is for L5/S1 transforaminal epidural steroid injection (ESI). The treating physician physical examination states, "Gait is mildly antalgic. No obvious vasomotor change. Mild vasomotor changes noted to the left lower extremity. No obvious edema. Motor examination otherwise unchanged." The treating physician states that an electromyography (EMG) nerve study demonstrated evidence of a chronic lumbosacral discopathy, in addition to a tibial neuropathy in the foot and ankle. The treater also notes, "She had lumbar ESI L5/S1 and sympathetic nerve block on 10/18/12 and 12/13/12. The patient as a consequence of the injections sustained about 50% overall improvement." The Chronic Pain Guidelines state: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." In this case the treater has documented 50% pain reduction lasting for four (4) months, with no documentation of reduction of medication usage. The documented physical examination findings do not show signs of radiculopathy and the stated EMG results of tibial neuropathy is a peripheral neuropathy not radiculopathy. The current request for L5/S1 transforaminal epidural steroid injection (ESI) is not supported in the documentation submitted. Recommendation is for denial.