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| Case Number: | CM14-0004873 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 06/29/2012 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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:

Patient is a 39-year-old male who has submitted a claim for lumbar disc disease with left S1 radiculopathy associated with an industrial injury date of 06/29/2012. Medical records from 2013 were reviewed. Patient complained of low back pain associated with numbness and tingling sensation at the left lower extremity. This resulted to difficulty in standing, walking, lifting, and sleeping. Physical examination revealed paralumbar muscle spasm and tenderness. Patellar reflexes were decreased. Straight leg raise test was positive on the left. Gait was antalgic. Sensation was diminished over the left S1 dermatome. Magnetic Resonance Imaging (MRI) of the lumbar spine, dated 03/13/2013, revealed mild disc degeneration at L4-L5 with a 2.5 to 3 mm broad-based posterior disc protrusion resulting in mild bilateral lateral recess stenosis. At L5-S1, there was mild to moderate disc space height reduction most pronounced posteriorly, with disc desiccation. There was a 2 - 3 mm broad-based posterior disc protrusion most pronounced centrally. No significant neural impingement was shown. Treatment to date has included left knee arthroscopy in September 2013, and medications such as Norco, Relafen, Zanaflex, and Ambien. Utilization review from 12/16/2013 denied the request for left L5-S1 transforaminal epidural steroid injection ESI under fluoroscopic guidance. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5-S1 TRANSFORAMINAL ESI UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46.

Decision rationale: As stated on page 46 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient had persistent low back pain associated with numbness and tingling sensation of the left lower extremity. This is corroborated by objective findings of hyporeflexia, positive provocative test, and diminished sensation. However, Magnetic Resonance Imaging (MRI) of the lumbar spine, dated 03/13/2013, demonstrated no significant neural impingement. Therefore, the requested treatment is not medically necessary.