

Case Number:	CM14-0004894		
Date Assigned:	02/05/2014	Date of Injury:	05/11/2011
Decision Date:	07/03/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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:

This is a 59-year-old female with a 5/11/11 date of injury. The exact mechanism of injury has not been described. On 1/13/14, the patient was noted to have lumbar disc disease and right sciatica. She is currently working without restrictions. On 12/30/13, the patient was noted to have 60% relief from her recent SI Injection. She has pain that is "aching and dull" across her lower back. The pain radiates down her right leg. She is documented to previously have had a transforaminal ESI on the right at L4-5 with 40% relief. Objective: decreased sensation in the right L5 and S1 dermatomes. A Lumbar MRI on 9/13/13 documents bilateral facet arthropathy at L5-S1 but no evidence of disc extrusion, central canal stenosis or right-sided foraminal narrowing. There is mild left-sided foraminal narrowing. Diagnostic Impression: Lumbar Disc Disease, Lumbar Radiculitis, Sacroilitis. Treatment to date: medication management, activity modification, injections. A UR decision dated 1/6/14 denied the request for a lumbar ESI because there is no documentation of corroborating diagnostic findings to support a diagnosis of radiculopathy. MRI of the lumbar spine on 9/13/13 revealed no finding of lumbar disc protrusion, extrusion or foraminal stenosis or nerve root impingement at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL INJECTION UNDER FLUOROSCOPY L5-S1:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:AMA Guides: Radiculopathy.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, the lumbar MRI from 9/13/13 does not demonstrate any significant disease at L5-S1. The patient previously had a lumbar ESI at L4-5 with 40% relief. It is unclear why the physician is requesting a ESI at L5-S1. There are no significant objective findings to localize the patient's radiculopathy to L5-S1 other than the following statement "decreased sensation in the L5 and S1 dermatomes". However, If the patient now has decreased sensation only in the L5 and S1 dermatomes, it is not clear why a previous ESI was performed at L4-5. There is no clear documentation of recent conservative treatment other than a SI joint injection that provided the patient 60% pain relief. Guidelines do not support lumbar ESIs in the absence of imaging studies documenting concordant nerve root pathology. It is unclear if the patient has had EMG/NCS studies. Therefore, the request for a Transforaminal Epidural Steroid Injection at L5-S1 under Fluoroscopy was not medically necessary.