

Case Number:	CM14-0005384		
Date Assigned:	02/05/2014	Date of Injury:	04/30/2007
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
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 Pain 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 61-year-old female with an injury date of 04/30/07. Based on the 11/19/13 progress report provided by the treating physician, the patient complains of increasing back which radiates to her buttocks and right leg. Pain radiates down the right leg lateral and posterior portion to the heel of the foot and the lateral ankle. She states there is some intermittent numbness on the lateral portion of the lower right leg. She also has pain around the right knee as well. The patient's diagnoses include the following: Lumbar degenerative disc disease, and Lumbar radiculopathy recurrent and worsening. The 07/25/12 MRI of the lumbar spine revealed L5-S1 mild annular disc bulge with minimal canal compromise and L4-5 left foraminal disc protrusion creating minimal left lateral recess and neural foraminal stenosis. The 08/12/13 MRI of the right shoulder revealed severe acromioclavicular joint osteoarthritis and tendinosis of the intraarticular long head biceps tendon. The physician is requesting for right (R) L4-5 transforaminal epidural steroid injection. The utilization review determination being challenged is dated 12/16/13. The rationale was that the claimant does not have physical signs of radiculopathy or imaging or electrodiagnostic testing revealing radiculopathy. The physician provided treatment reports from 01/02/13- 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain Treatment Guidelines "Epidural st.

Decision rationale: According to the 11/19/13 report by the physician, the patient presents with lumbar degenerative disc disease and lumbar radiculopathy recurrent and worsening. The request is for right (R) L4-5 transforaminal epidural steroid injection. The patient previously had an epidural injection on 05/02/13 which had at least an 80% improvement. "It continued to improve better than 50% for a number of months and only recently has been weaning off. She is able to move around better, with long walking tolerance and standing tolerance. Her sleep was better following the last epidural injection and she was able to avoid taking opioid medications." The MTUS guidelines requires 50% reduction of pain lasting six (6) weeks or more with reduction in medication use for repeat injection if radiculopathy is present. In this patient, there is no evidence of radiculopathy. While the patient has pain down the right leg, and the request is for right sided injection, MRI shows left-sided findings. There is left-side foraminal stenosis and no disc herniation. A diagnosis of radiculopathy require corroborating imaging studies that explain the leg symptoms. Given the lack of diagnosis of radiculopathy, recommendation is for denial.