

Case Number:	CM14-0007600		
Date Assigned:	02/10/2014	Date of Injury:	12/10/2008
Decision Date:	06/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/21/2014

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 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 58-year-old female with an injury date of 12/10/08. Based on the 08/01/13 progress report provided by the provider, the patient complains of back pain with bilateral lower extremity symptoms which she rates as a 5-6/10. The patient's diagnoses include the following:

1. Status post lumbar fusion
2. Severe degenerative disc disease at L5-S1 with severe foraminal stenosis
3. Ongoing general orthopedic complaints
4. Multilevel cervical degenerative disc disease with stenosis
5. Severe gastrointestinal disease with recent hospitalization due to nausea, vomiting, and GI bleed
6. Bilateral shoulder bursitis
7. Left shoulder SLAP lesion, bilateral shoulder acromioclavicular degenerative joint disease, bilateral knee chondromalacia patella, right shoulder and lateral rotator cuff tendinosis, chronic bilateral L4/L5 radiculopathy per electrodiagnostic studies 03/17/2011
8. Multilevel lumbar neural foraminal narrowing, severe with contact of the exiting L5 nerve root
9. Lumbar facet arthropathy, multilevel

The provider is requesting for a transforaminal epidural steroid injection right L5 and S1. The utilization review determination being challenged is dated 12/18/13. The rationale is that there is lack of documentation that claimant has attempted and failed conservative treatment. There is also lack of documented physical examination/objective findings suggesting radiculopathy and medical necessity of transforaminal epidural steroid injection. The provider is the requesting provider, and he provided treatment reports from 04/05/13- 01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION RIGHT L5 AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI), Page(s): 46, 47.

Decision rationale: According to the 08/01/13 report by the provider, the patient presents with back pain with bilateral lower extremity symptoms. On 08/01/13, the treating provider requested for a transforaminal epidural steroid injection right L5 and S1. The provider went ahead and gave the epidural steroid injection without authorization on 09/04/13. In reference to an epidural steroid injection, the MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The 08/01/13 report also stated that the patient had a "Straight leg raise on the left at 60 degrees, which elicits numbness and tingling to the left lower extremity to the foot. Straight leg raise test on the right at 60 degrees, which elicits pain extending to the right posterior thigh." No MRI (magnetic resonance imaging) of the lumbar spine was provided. However, the 08/01/13 report mentions the 10/13/12 MRI of the lumbar spine which revealed the following: Degenerative disc disease (DDD) with facet arthropathy and retrolisthesis at L5-S1. Neural foraminal narrowing includes L2-L3 and L3-L4 mild caudal right and L5-S1 severe left and moderate-to severe right neural foraminal narrowing with contact of the exiting L5 nerve roots suggested coupling of nerve roots seen most pronounced at the L4-L5 through L5-S1. In this case, the patient has diffuse radiating pain into both legs. MRI showed multi-level foraminal narrowing, particularly at L5-S1 involving L5 nerve roots. There are no specific exam findings that show L5 nerve root involvement and pain is not experienced in L5 nerve distribution. The treating provider has asked for S1 level injection as well but no S1 nerve root problem is described neither in exam or MRI finding. The recommendation is for denial.