

Case Number:	CM14-0102565		
Date Assigned:	07/30/2014	Date of Injury:	07/06/2011
Decision Date:	09/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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 and is licensed to practice in Texas. 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 39 year old female who sustained an industrial injury on 7/6/2011. Her primary diagnosis is backache NOS. She continues treatment with pain management physician, [REDACTED]. Pain management treatment to date has included medications, PT, bilateral L4-S1 lumbar radiofrequency rhizotomy on 3/26/2014, right/left L3-S1 lumbar medial branch blocks in 6/2013 and 4/2013, and left L3-S1 lumbar radiofrequency Neurotomy 10/2012, and left L3-L5 MBB in 1/2012. A prior peer review on 6/18/2014 certified the requested 6 sessions of PT, the patient had persistent pain and functional deficits s/p recent lumbar rhizotomy and had not attended PT in over 1 year. The request for L5-S1 LESI was non-certified as the medical records did not establish radiculopathy on examination. According the documentation provided, diagnostic studies include: 6/21/2012 EMG/NCV study that revealed evidence of right L5 radiculopathy; and a 10/16/2011 lumbar spine MRI which demonstrated 1. Disc bulging without annular tear at L5-S1 leading to mild central stenosis and facet capsulitis and degenerative change of the facet at L3-4, L405, and L5-S1. According to the special report from [REDACTED], dated 6/5/2014, the patient's pain level without medications is 4/10 and pain with medications is 2/10. The medications reportedly work well, with minimal controllable side effects. She is able to perform her home exercise program and is independent with her ADLs. According to the 6/13/2014 visit note from [REDACTED], the patient reports pain with medications is 5/10 and without medications 9/10. She complains that the toes of the right foot are painful and becoming numb, and the toenail is purple. Her activity level is increased. She takes medications as prescribed, which are working well with no side effects reported. She is able to continue a daily HEP and walking. She is interested in PT. She reports having more tingling in the right leg. She is interested in epidural injection. Current medications are Nucynta, Norco, Zolpidem, Celebrex and Neurontin. Physical examination documents antalgic gait, limited lumbar flexion and extension, tenderness and

hypertonicity on palpation, positive facet loading, negative SLR, 2/4 ankle and patellar reflexes, and + Faber's. Motor strength is 5/5 and there is hypersensitivity to touch to left L3, L4, and L5. The diagnoses are lumbar facet syndrome, low back pain and shoulder pain. Treatment plan includes recommendation and request for PT x 6 sessions and LESI L5-S1. The patient returned for routine follow-up with [REDACTED] on 7/11/2014. The reported complaints of pain levels as well as objective examination findings for the lumbar spine and neurological examination is unchanged from the prior visits. She is scheduled to start physical therapy (PT) on 7/23/2014. Lumbar ESI is re-requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 5-Sacral 1 ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The medical records do not document the existence of any deficits on neurological examination indicative of an active lumbar radiculopathy and that correlate to abnormal findings on imaging or EMG study. As required by the MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the absence of radiculopathy on examination, lumbar epidural injection is not recommended. In addition, the patient is to undergo a course of physical therapy. The patient's response to the course of care has not yet been evaluated. As such, it is not evident that she has failed to respond to conservative care. The guidelines require that the medical records establish that the patient has been unresponsive to conservative treatment, i.e. exercise and physical methods. The medical records do not establish lumbar radiculopathy is present on objective examination or that the patient has failed conservative care. The medical necessity for lumbar epidural injection has not been established. Such as, the Lumbar 5-Sacral 1 ESI is not medically necessary.