

Case Number:	CM14-0104976		
Date Assigned:	09/16/2014	Date of Injury:	09/08/2011
Decision Date:	11/05/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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 34 year old female with an injury date of 09/08/11. The 05/08/14 report by ■■■■■ states that the patient presents with chronic lower back pain post lumbar laminectomy and with exacerbation of radicular symptoms. Pain is rated 07/10. The 04/24/14 report by ■■■■■ reports the patient presents with lower back pain and leg radiculopathy. Examination on 05/08/14 reveals a well healed scar midline from previous surgery with pain on the spinous process of L4-5, L5-S1 on the midlines. Sacroiliac joint compression test elicits pain on the right, straight leg raise is positive on the right and left and Lasegue's is positive more on the right. There is decreased sensation in the dermatomes of L4, L5 and S1 more on the right measure with pinprick wheel. Patrick Fabere's is more positive on the right. The 10/19/11 MRI lumbar spine presents the following impression: Mild L4-5 right foraminal disc bulge contacting right L4 nerve root. The patient's diagnoses include: Status post right L4-5 laminectomy and discectomy (March 2013) Lumbar radiculopathy, more on the right L4, L5 and S1 dermatome. Lumbar facet arthropathy, L3-4, L4-5, L5-S1, more on the right. Rule out lumbar discogenic pain. The utilization review being challenged is dated 06/24/14. The rationale is that there is a concurrent request for ESI to right L4-5 where there is possible MRI evidence of nerve root contact. As MRI did not reveal L5-S1 involvement the request is not supported. Reports were provided from 10/19/11 to 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection with fluoroscopy guidance, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with "chronic low back pain" with "exacerbation of the radicular symptoms". The treater requests for a decision for Right Transforaminal epidural steroid injection with fluoroscopy guidance L5-S1. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." The treater states on 05/08/14 that, "The patient has not received any previous epidurals after the lumbar laminectomy performed at the right L4-5 level." The other reports provided show no discussion of prior ESI for the patient. The reports provided show examination supports radicular symptoms in this patient with radicular symptoms into the leg and positive straight leg raise. The MRI, however, does not show stenosis or herniation to account for the patient's radicular symptoms. The treater does not explain that this is a new radicular symptoms requiring new treatment. It would appear that the patient has same radicular symptoms from prior to surgery. If so, an ESI would not be beneficial since the nerve root has been decompressed. The MRI showed bulging disc possibly involving L4 nerve root but there is no evidence of L4 radiculopathy. The request is at L5-S1 level, or L5 nerve root. The request is not medically necessary.