

Case Number:	CM14-0108334		
Date Assigned:	08/01/2014	Date of Injury:	10/28/2010
Decision Date:	09/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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 10/28/10. Based on the 03/19/14 progress report provided by [REDACTED], the patient has continued low back pain and radicular pain down the legs with numbness and tingling. Patient is status post fusion L4-S1 surgery (date unspecified) per 02/10/14 treater's report. Progress report dated 02/03/14 states that she feels burning in feet and legs. Physical Exam: Treater's report dated 05/30/14 mentions that she walks hunched forward. Per 02/03/14 treater's report, there is some tenderness in her low back and straight leg raise is negative bilaterally. No specific focal motor deficit. Range of Motion on 03/19/14:- Lumbar flexion is 55 degrees- Lumbar extension is 10 degrees- Lumbar lateral bending is 0 degrees bilaterally X-Ray from 02/03/14 shows evidence of lumbar fusion from L4-S1 and degenerative segment at L3-4. Diagnosis- lumbar spondylolisthesis status post fusion L4-S1 (02/10/14)- lumbar intractable pain syndrome status post lumbar fusion L4-S1 (05/30/14)- L5-S1 radiculopathy (02/03/14)- Sacroiliac joint inflammation (02/03/14). [REDACTED] is requesting L3-4 Lumbar epidural steroid injection with sedation. The utilization review determination being challenged is dated 06/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 02/03/14 - 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 LUMBAR EPIDURAL STERIOD INJECTION WITH SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STERIOD INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: The patient presents with continued low back pain and radicular pain down the legs. The request is for L3-4 Lumbar epidural steroid injection with sedation. Patient's diagnoses include lumbar spondylolisthesis, lumbar intractable pain syndrome status post lumbar fusion L4-S1, L5-S1 radiculopathy and sacroiliac joint inflammation. California Medical Treatment Utilization Schedule (MTUS) states the following "criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Per 02/03/14 progress report, treater diagnosed patient with radiculopathy, however it was based mostly on the patient's subjective symptoms. There were no statements in review of reports that corroborated physical examination findings with the diagnosis. Nor were there imaging studies that corroborated radiculopathy. The treater did not discuss MRI findings either. The request does not meet MTUS criteria. The requested treatment is not medically necessary and appropriate.