

Case Number:	CM14-0108486		
Date Assigned:	08/01/2014	Date of Injury:	03/03/2013
Decision Date:	09/24/2014	UR Denial Date:	06/27/2014
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 Occupational Medicine 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:

This is a 66 year old female with a 3/3/2013 date of injury. She tripped over boxes, landing on the right side of her body, across the back, hip, and knee on the right side. A progress report dated 7/16/14 noted subjective complaints of cramping in both legs, worse on the right. It also notes 6/10 radiating down the right lower extremity. Objective findings noted bilateral lumbar spasms, antalgic gait, and diminished strength of the bilateral lower extremities. Sensation to light touch was diminished in the right lower extremity. Right knee reflex was 1+, right ankle was 0. Left knee reflex was 2+, left ankle was 1+. It also noted that patient had done physical therapy in the past without benefit. An EMG on 4/2/14 noted a very mild L5-S1 radiculopathy on the right side. Diagnostic Impression: Lumbosacral radiculopathy, lumbar discogenic spine pain. Treatment to Date: Medication management, home exercise, physical therapy. A UR decision dated 6/27/14 denied the request for bilateral lumbar transforaminal epidural steroid injection for levels L5, S1 under fluoroscopic guidance, as an outpatient. There is no documentation of complaints of pain on the left side. There is no documentation of MRI or other diagnostic study abnormality. There is no documentation of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal epidural steroid injection for levels L5,S1, under fluoroscopy guidance as an outpatient.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support Epidural Injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of Epidural Steroid Injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. There were documented physical exam findings of decreased sensation as well as asymmetric lower extremity reflexes with the right diminished compared to the left, suggestive of radiculopathy. Additionally, the EMG demonstrates a radiculopathy at L5-S1 on the right. Furthermore, there is documentation of failure of physical therapy. Therefore, the request for Right Lumbar Transforaminal Epidural Steroids Injections for levels L5, S1 under Fluoroscopy as an Outpatient was medically necessary.