

Case Number:	CM14-0017930		
Date Assigned:	04/16/2014	Date of Injury:	05/31/2005
Decision Date:	08/18/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 62-year-old female with a date of injury in May 2005 that occurred at work (mechanism of injury not reported). She has had persistent lower back pain. In July 2013 it was stated her pain radiated to the right lower extremity; but, in September she claims pain radiates to both legs and she has tingling and numbness. On physical exam she had decreased range of motion secondary to pain, diffuse myofascial tenderness along the bilateral L4-S1 spine. She additionally had decreased sensation along the L4-S1 dermatome, bilaterally. The patient had a lumbar MRI in 2008 which showed mild disc desiccation and normal facet joints at the L1-2, L2-3 and L3-4 levels, but facet arthropathy, bilaterally at L4-5 and L5-S1. There is no central or foraminal stenosis. She has not had an electromyography (EMG) or nerve conduction velocity (NCV) study. A September 2013 physician note states that she had a positive response to a lumbar epidural; yet, the procedure note is not in the chart, nor are any further details provided. It is unclear what the patient has done to obtain relief. The progress notes states she takes medications; but, the details and but her medication lists are not provided; so it is not known if she takes anti-inflammatories, tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants anti-seizure medications, or opiates, etc. It is also unknown if she has participated in any home exercise program, physical therapy, chiropractic therapy, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL L4-S1 ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS specifically states, if there are symptoms suggestive of a radiculopathy that it must be documented by physical exam and corroborated by imaging or electromyography (EMG). Clearly, the patient reports some sensory deficits; but, there is no correlation to the documented imaging and electrodiagnostic testing to suggest a radiculopathy. The patient's 2008 MRI did not show any neuro-compressive lesions, she has not had any more recent studies. She has not had any electrodiagnostic testing. Additionally, the MTUS states an epidural injection should be done if the patient is unresponsive to conservative treatment such as exercise, physical therapy, anti-inflammatories or muscle relaxants. This information is not available in the medical records. For all of these reasons, the lumbar epidural is not deemed to be medically necessary.