

Case Number:	CM14-0112586		
Date Assigned:	08/01/2014	Date of Injury:	03/28/2012
Decision Date:	09/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/18/2014

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 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 40-year-old female who has submitted a claim for lumbago associated with an industrial injury date of March 28, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of back and bilateral posterior leg pain to the knee rated 8-9/10. Physical examination showed tenderness over the midline at L5-S1 and left zygapophysial joint; limitation of motion; hyperreflexic patellar and Achilles bilaterally; decreased sensation in L5 distribution on the left side; and equivocal straight leg raise. MRI of the lumbar spine November 2013 revealed disc space reabsorption at L5-S1 with mild bilateral foraminal stenosis; modic changes consistent with edema at L5 and S1 vertebral bodies; moderate degeneration of zygapophysial joints bilaterally at L5-S1 greater than L4-5, with an area of slightly increased signal intensity within the joints; and central protrusion/extrusion which may contact both the right and left traversing S1 roots. EMG and NCS demonstrated normal findings. The diagnosis was retrolisthesis with possible discogenic pain. Treatment to date has included oral and topical analgesics, physical therapy and home exercise program. Utilization review from June 30, 2014 denied the request for lumbar transforaminal epidural bilaterally, L5, S1. There is no documentation of physical findings of right L5-S1 radiculopathy corroborated by diagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural bilateral L5,S1: Upheld

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

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and initially unresponsive to conservative treatment. In this case, physical examination findings were insufficient to qualify presence of radiculopathy. Imaging and electrodiagnostic studies also failed to show unequivocal findings of radiculopathy at this level. The guideline requires presence of objective radiculopathy corroborated by imaging or electrodiagnostic study. In addition, there was no evidence of failure of conservative treatment to manage pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Lumbar Transforaminal Epidural bilateral L5,S1 is not medically necessary.