

Case Number:	CM14-0121353		
Date Assigned:	10/06/2014	Date of Injury:	12/12/2011
Decision Date:	10/30/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/31/2014

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:

There were 114 pages provided for this review. There was a non certification recommendation from July 8, 2014. The left lumbar epidural and L5-S1 epidurography were non certified. The application for independent medical review pertained to this injection. Per the records provided, the patient has AME diagnoses that include lumbar radiculopathy with recommendations that include lumbar injections. The submitted reports appear to indicate the patient had an increase in low back symptoms after a bus ride. She was prescribed Vicodin and soma. In the June follow-up, symptoms were now radiating to the right leg. There was numbness at L5-S1 distribution and reduced reflexes. There was no report of any other conservative measures for the radicular symptoms prior to consideration of interventional procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION: LEFT ESI AT L5, S1 EPIDUROGRAPHY/FLUOROSCOPY: Upheld

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

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

Decision rationale: The MTUS recommends this request as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. Further, it is not clear what conservative care had been exhausted before moving to invasive injections. Therefore, the request is not medically necessary.