

Case Number:	CM14-0139788		
Date Assigned:	09/08/2014	Date of Injury:	12/29/2006
Decision Date:	10/06/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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 Rehabilitation & Pain Management 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 49 year old female with an injury date of 12/29/06. Per the 07/17/14 progress report by [REDACTED], the patient presents with lower back and left knee pain. Back pain radiates to the patient's left hip and at times to her left leg which causes a limp and limits walking. Pain flared the prior evening limiting sleep. Pain is 7/10 with medications and 10/10 without and is improved from a year ago but severity still limits activities. The report does not state if the patient is working. Examination reveals moderate to severe tenderness to palpation over both sciatic nerves at the level of the lower buttock, left being worse than the right. The patient also has severe point tenderness just medial to the patella. In addition, there is moderate discomfort to external rotation of the knee and moderate to severe tenderness to inversion of the left knee. The 03/16/13 MRI Lumbar Spine conclusion states the following: 1. Mild spondyloses is seen L2 through S1. 2. L2-3 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. 3. L3-4 2-3 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. 4. L4-5 Posterior annular tear is seen within the intervertebral disc. 2-3 mm posterior disc bulge resulting in mild left and moderate right neural foraminal narrowing in conjunction with facet joint hypertrophy. Mild canal stenosis is seen. 5. L5-S1 Posterior annular tear is seen within the intervertebral disc. 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. The patient's diagnoses include: 1. Lumbar radiculopathy 2. Chronic pain syndrome 3. Left knee internal derangement 4. Left knee pain 5. Chronic pain related insomnia 6. Myofascial syndrome 7. Neuropathic pain 8. Chronic pain related depression 9. Prescription narcotic dependence The utilization review being challenged is dated 08/12/14. The rationale is that electrodiagnostic testing must corroborate exam findings of

radiculopathy, lack of evidence of conservative care, and lack of response to requested documentation. Reports were received from 01/05/10 to 07/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR EPIDURAL STEROID INJECTION (CAUDAL APPROACH WITH EPIDUROGRAM): Upheld

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

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

Decision rationale: The patient presents with lower back pain radiating to the left hip and sometime to the left leg and left knee pain. The treating physician requests for 1 lumbar epidural steroid injection (caudal approach with epidurogram) X 1, then re-evaluate. A review of the reports provided show no discussion or documentation of a prior epidural steroid injection for this patient. MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. Criteria for use include, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, treatment reports show repeated examinations and a diagnosis of lumbar radiculopathy. The 03/16/13 MRI of the lumbar spine states, "L4-5 Posterior annular tear is seen within the intervertebral disc. 2-3 mm posterior disc bulge resulting in mild left and moderate right neural foraminal narrowing in conjunction with facet joint hypertrophy. Mild canal stenosis is seen." Two to three mm disc bulge findings at L4-5 are unlikely significant enough to account for the patient's radicular symptoms. In addition, while the patient has some leg symptoms, they do not present in a clear dermatomal distribution of pain that is explained by the MRI findings, such as what is seen at L4-5. The request is not medically necessary.