

Case Number:	CM14-0152119		
Date Assigned:	09/22/2014	Date of Injury:	12/04/2013
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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, 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 24-year-old female with an injury date of 12/04/2013. According to the 09/05/2014 progress report, the patient complains of having low back pain. Her lower back pain radiates into her hips/buttocks and down her thighs. She describes the pain as being burning in the midback, aching in the midback, and tingling in the buttocks. She also has aching in her posterolateral thighs. The patient rates her pain as a 7/10 without medications and a 4/10 with medications. Her sacroiliac joints are tender, left more than right. She also has a positive Patrick's sign and a positive Gaenslen's maneuver. There is tenderness over the paraspinals and over the facet. She has pain with flexion and extension. The 08/08/2014 report also indicates that the patient has aching and numbness in her lower extremities. The 09/05/2014 report states, "She had a lumbar MRI done which showed at L3-L4 mild spondylosis and facet osteoarthritis causing mild right-sided neuroforaminal narrowing without central stenosis. L4-L5 spondylosis, intraforaminal disk protrusion, and facet osteoarthritis causing mild bilateral neuroforaminal narrowing without central stenosis. L5-S1 spondylosis and facet osteoarthritis causing no significant central stenosis or neuroforaminal narrowing." The date of this MRI was not provided. The patient's diagnoses include the following: 1. Low back pain. 2. Lumbar disk bulging. 3. Lumbar facet pain. 4. Sacroiliac joint pain. 5. Lumbar degenerative disk disease. 6. Myofascial pain. 7. Possible lumbar radicular pain. 8. Chronic pain syndrome. The utilization review determination being challenged is dated 09/11/2014. Treatments reports were provided from 01/14/2014 - 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 transforaminal epidural steroid injection (ESI) with fluoroscopic guidance:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: According to the 09/05/2014 progress report, the patient complains of having lower back pain which radiates into her hips/buttocks and down her thighs. The request is for bilateral S1 transforaminal epidural steroid injection with fluoroscopic guidance. Review of the reports does not indicate if the patient has previously had an epidural steroid injection. In reference to an epidural steroid injection, MTUS Guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The MRI of L-spine showed no disc herniation at L5-S1 for S1 nerve root problems. MRI did show intraforaminal disk at L4-5 but the patient does not present with unilateral L4 nerve root symptoms. The patient presents with non-dermatomal, diffuse leg symptoms without corroborating MRI findings or exam findings. ESI would not be indicated. Recommendation is for denial.