

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0157225 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 06/18/2011 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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:

According to the provided documents, this is a 61-year-old man with an injury date on 6/18/11. Mechanism of injury was said to be cumulative trauma. The disputed treatment is a left L5-S1 and S1 transforaminal epidural steroid injection. This is addressed in a determination letter from 9/12/14. An 8/20/14 report from the requesting physician stated that the patient is working full duty. He does well with injections in the past; the patient had a transforaminal epidural injection on the left at the L5-S1 and S1 levels in June 2013. They gave him one year of relief from the left leg pain. They allowed him to continue to function and work full duty with minimal pain medications. Examination showed tenderness in the left buttock, flexion reproduces pain over the left buttock to the posterior lateral leg. Straight leg raise seated reproduces discomfort in the left leg and there is good strength testing with knee extension and heel and toe walk. Deep tendon reflexes were intact. There is no mention of any specific neurologic deficits corresponding to left L5 or S1 dermatomes or myotomes. Diagnosis was lumbago. There is no mention when the current symptoms started or if conservative treatment has been applied for the flare-up. There is no mention of any physical therapy. There is mention of use of ibuprofen, an anti-inflammatory, but no mention of any trial of other medications for neuropathic pain since the flare-up. This would be a medication in the antiepileptic class or antidepressant class. There is a 1/29/14 report that states that the patient's pain at that point was at tolerable level, 3 on a scale of 0-10 following the left-sided epidural injection on 6/27/13. A 6 month follow-up was planned at that time. A 7/29/13 report indicated that the patient was doing well post injection with pain of 3/10. There is no mention of any lumbar MRI findings or lower extremity EMG testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 and S1 transforaminal epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 web-based edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, epidural steroid injections Page(s): page 46.

Decision rationale: The current requesting report does not include subjective complaints of radicular pain in the left L5 or S1 dermatome or any numbness or tingling corresponding to those dermatomes. Objectively, there is no focal neurologic deficit documented consistent with those lumbar levels. There is no mention of any MRI showing nerve root impingement or EMG consistent with radiculopathy if those levels either. There has not been a recent trial of conservative treatment for the current flare-up. MTUS guidelines do not support epidural steroid injections without a clinically evident radiculopathy corroborated by diagnostic testing such as MRI or EMG. There should be a failure of conservative treatment prior to the epidural as well. Thus, Left L5-S1 and S1 transforaminal epidural steroid injections is not medically necessary.