

Case Number:	CM14-0169605		
Date Assigned:	10/17/2014	Date of Injury:	03/07/2012
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 61 year old female with an injury date of 03/07/12. The 09/08/14 progress report by [REDACTED] states that the patient presents with continued L5 radiculopathy with weakness and pain. She is temporarily totally disabled. The patient is unable to perform heel walking. Examination of the lumbar spine shows extension normal and pain with motion lumbosacral region-L4-L5 facet. There is decreased sensation on the lateral leg and dorsum of the foot (L5) and decreased sensation on the sole of the foot and the posterior leg (S1). Tests on the right: Supine straight r raising test positive and seated straight leg raising test positive. These tests show negative on the left. The patient's diagnoses include:L5 radiculopathyDisplacement of lumbar intervertebral disc without myelopathyDegeneration of cervical intervertebral discSpinal stenosis in cervical regionLower back painSciaticaReports provided include: 04/28/14 acupuncture treatment report and chiropractic treatment reports from 05/08/14 to 07/23/14. The utilization review being challenged is dated 01/07/14. Reports were provided from 01/31/14 to 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection L5-S1: 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 Epidural steroid injections Page(s): 46 47.

Decision rationale: The patient presents with continued L5 radiculopathy with weakness and pain. The treater requests for Transforaminal lumbar epidural steroid injection L5-S1. The 08/11/14 Request for Authorization provided states, "Left L5-S1 Transforaminal Lumbar Epidural Steroid injection". MTUS Epidural steroid injections 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." The 03/25/14 progress report states the patient has back and leg pain. The treater also states in the treatment plan that a TF ESI will be considered if a left GT Bursa injection for bursitis, 8 sessions of acupuncture for back pain and Lyrica are not successful. Lyrica is noted to be helping with great relief on 04/22/14. The 07/23/14 chiropractic report states, "QME exam on Saturday. He ordered a lumbar MRI and requested additional chiropractic treatment." The QME report is not included and no MRI studies are provided. The utilization review dated 10/07/14 cites a MRI showing normal findings at the L5-S1 level. The reports provided show no prior ESI for this patient. In this case, physical examination shows positive straight leg raise on the right but not the left which does not support left side radiculopathy. Furthermore, there are no corroborating imaging studies and/or electrodiagnostic testing. Therefore request is not medically necessary.