

Case Number:	CM14-0183969		
Date Assigned:	11/10/2014	Date of Injury:	05/15/2008
Decision Date:	12/18/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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:

Patient is a 58-year-old female with date of injury of 05/15/2008. According to progress report 10/14/2014, the patient continues to have aching bilateral low back pain that radiates to the bilateral hip, left buttock, and left posterior thigh. Treater states the patient has not trialed a lumbar epidural injection and the request for an updated MRI was denied. Examination revealed tenderness in the facets and paraspinal muscles L3 through S1. Range of motion is significantly decreased. She has pain with both forward flexion and extension. Reflexes of the lower extremities are 2+ and strength bilaterally is 5-/5. Straight leg raise was positive on both sides. MRI of the lumbar spine from 07/10/2008 revealed, at level L5-S1, "marked loss of disk height and desiccation consistent with chronic degeneration. There is no herniation or protrusion. There is no canal stenosis or foraminal compromise." The listed diagnoses are: 1. Low back pain with radiation to the right posterior leg. 2. Discogenic low back pain. The treater is requesting a left S1 transforaminal lumbar epidural steroid injection. Utilization review denied the request on 10/24/2014. Treatment reports from 04/18/2014 through 10/14/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 transforaminal lumbar epidural steroid injection: 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 Page(s): 46-47.

Decision rationale: This patient continues to have aching bilateral low back pain that radiates to the bilateral hip, left buttock, and left posterior thigh. This is a request for Left S1 transforaminal lumbar epidural steroid injection. The California Medical Treatment Utilization Schedule (MTUS) guidelines has the following regarding epidural steroid injections under the chronic pain section, pages 46 to 47, "Recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborated findings of radiculopathy)." It does not appear that this patient has trialed epidural steroid injections. In this case, magnetic resonance imaging (MRI) findings do not corroborate the patient's lower extremity symptoms. The MRI revealed loss disk height and desiccation consistent with chronic degeneration, but there was no herniation/protrusion or stenosis noted. In addition, the treater describes left leg pain, and requests a left S1 LESI, but the patient's diagnosis is low back pain with radiation to the right posterior leg. The California MTUS recommends ESI for patients with radiculopathy that is corroborated by MRI findings. Treatment is not medically necessary and appropriate.