

Case Number:	CM14-0185155		
Date Assigned:	11/14/2014	Date of Injury:	01/31/2001
Decision Date:	12/23/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/06/2014

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 57 year old female with an injury date of 01/31/01. Based on the progress report dated 10/21/14, the patient complains of intractable lower back pain radiating across bilateral buttocks, bilateral groin, and the left leg. The patient reports burning pain and sensation in the left lower extremity which is worsened by prolonged sitting, standing and walking. The pain measures at 7-9/10 and interferes with activities of daily living. Physical examination of the lumbar spine reveals tenderness from L3 to L5 bilaterally. There is bilateral lumbar facet tenderness at L4-5 and L5-S1. Pain worsens on extension, side bending, and rotation. Range of motion is fairly limited and straight leg test is positive on the left side. The cervical spine is mildly tender with mildly limited range of motion. The right knee is painful to flexion and extension. Patient had a surgery in her right knee, as per progress report dated 10/21/14. The patient tried muscle relaxants in the past but is only relying on over-the-counter anti-inflammatory medications now. Conservative therapies have failed to control pain. MRI of the Lumbar Spine, as per progress report dated 10/21/14: Multilevel lumbar disc bulges; Degenerative lumbar disc disease; Facet disease and spondylosis at L3-L4, L4-L5, and L5-S1. Diagnosis, 10/21/14; Left lumbar radiculitis with neuroclaudication; L3-4, L4-5 and L5-S1 degenerative disc disease; Bilateral lumbar facet syndrome; annular tear and bulge at L4-5 and L5-S1. The treating physician is requesting for Left Transforaminal Epidural Steroid Injection under Fluoroscopy Anesthesia at L4-5 and L5-S1 levels. The utilization review determination being challenged is dated 10/31/14. The rationale was "there are no significant objective findings on examination indicative of radiculopathy at the requested level of L4-5 and L5-S1 injection levels and there were no corroborative findings on MRI." Treatment reports were provided from 08/22/08 - 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Steroid Injection under Fluoroscopy Anesthesia at L4-5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections (ESIs)..

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

Decision rationale: The patient presents with of intractable lower back pain radiating across bilateral buttocks, bilateral groin, and the left leg along with burning pain and sensation in the left lower extremity. The pain measures at 7-9/10 and interferes with activities of daily living, as per progress report dated 10/21/14. The request is for Left Transforaminal Epidural Steroid Injection under Fluoroscopy Anesthesia at L4-5 and L5-S1 levels. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," In this case, the treating physician seeks left transforaminal ESI under fluoroscopy anesthesi at L4-5 and L5-S1. As per Letter of Appeal for Denied Medical Services, dated 04/04/14, the treating physician states that the patient "clearly has left-sided lumbar radiculopathy." The treating physician further states "MRI scan findings are consistent with bilateral annular stenosis at L4-5 as well as annular tears/fissures/ high intensity zone." The treating physician also states that conservative therapies have failed in the last six moths to control the pain. Review of reports indicates that the patient has not received ESI in the past. However, the MRI's do not show nerve root potential lesion. Only degenerative changes along with bulging discs are noted. The patient has left leg radiating symptoms but these radicular symptoms are not explained by the MRI findings and hence, no diagnosis of a clear radiculopathy. There are no imaging studies that corroborate with the findings of the physical exam as required by MTUS. The request is not medically necessary.