MAXIMUS Federal Services

Case Number:	CM14-0028551		
Date Assigned:	06/16/2014	Date of Injury:	12/30/2005
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 Medicine & Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 59-year-old female who was reportedly injured in 1999, 2000, October 20, 2005 and December 30, 2005. The mechanism of injury was not listed. It only states "multiple work related injuries." The most recent progress note dated April 1, 2014, indicated that there were ongoing complaints of low back pain with radiation to the right lateral and posterior thighs and at the knee and bilateral feet with burning sensation. The physical examination demonstrated lumbar spine decreased range of motion and positive straight leg raise on the right. Manual muscle strength test was normal, except the right knee had giveaway weakness secondary to pain. There was decreased sensation to the bilateral feet in stocking distribution. There was also tenderness to palpation at the lower lumbar paraspinal musculature. Diagnostic imaging studies included an MRI of the lumbar spine, dated March 21, 2013, which revealed desiccated L1-L2 disk with attenuation of the ventral subarachnoid space, but no impingement on the thecal sac or nerve roots at this level identified. There was attenuation of the ventral subarachnoid space at the L2-L3 level but no impingement on the thecal sac or nerve roots at this level identified. There was also desiccated L3-L4 disk, with minimal spinal canal stenosis and moderate right neural foraminal stenosis, but no impingement on the nerve root at this level identified. Lastly, there was a desiccated L4-L5 disc with mild compression on the central ventral aspect of the thecal sac as well as moderate bilateral neural foraminal stenosis; no impingement on the nerve roots at this level was identified. There was discussion of an electromyography/nerve conduction study being performed on or around February 20, 2013 by [redacted]; however, there was no report available or listed for review. Previous treatment included medication of Ultram, Motrin, Neurontin and Flexeril. An L5-S1 epidural steroid injection was performed on 5/22/2013 with 70% pain relief, and the patient was able to stop her medications. A request had been made for right L5-S1 transforaminal epidural steroid injections

(ESI) under fluoroscopy. The right L5-S1 transforaminal ESI under fluoroscopy was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5, S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) UNDER FLUOROSCOPY X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 46.

Decision rationale: The request for a right L5-S1 transforaminal epidural steroid injection under fluoroscopy is not deemed medically necessary at this time due to insufficient medical documentation concerning radicular pain. There is mention of an electromyography/nerve conduction study (EMG/NCS) performed, but there is no report to be reviewed. Therefore, based on the lack of objectification of a verifiable radiculopathy, this procedure is not medically necessary.