

Case Number:	CM14-0050446		
Date Assigned:	07/07/2014	Date of Injury:	03/31/2013
Decision Date:	08/01/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/17/2014

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 and is licensed to practice in Illinois. 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 56-year-old female with a reported date of injury of 03/13/2013. The injury reportedly occurred while the working was lifting a patient while performing her duties as a nurse. The injured worker complained of pain in her right hand and low back. Upon physical examination, the injured worker's right hand range of motion revealed full range of motion without significant pain. An MRI of the lumbar spine dated 06/07/2013 revealed L5-S1 level grade 1 mild bilateral neural foraminal narrowing, endplate degenerative change, and central disc protrusion with annular tear. In addition, there was a 4 mm central disc protrusion with annular tear at the L5-S1 level. There was mild bilateral facet arthropathy and mild bilateral neural foraminal narrowing. The EMG dated 08/19/2013 revealed no evidence of lumbosacral radiculopathy, plexopathy, or peripheral nerve entrapment. There was no evidence of cervical radiculopathy, brachial plexopathy, or other peripheral nerve entrapment on the right. The EMG and nerve conduction studies of the lower extremities showed nonrecordable response. Upon physical examination, the injured worker's lumbar spine revealed tenderness to palpation over L3-S1. The lumbar spine range of motion revealed forward flexion to 45 degrees and extension to 10 degrees. The injured worker's diagnoses included low back pain with lumbar radiculitis; lumbar spondylosis; grade 1 retrolisthesis, L5-S1; L5-S1 central disc protrusion with annular tear; right wrist de Quervain's tenosynovitis; right hand numbness; normal EMG and nerve conduction study; and status post right wrist surgery. The injured worker's medication regimen included Voltaren gel, Cymbalta, and Lidoderm. The Request for Authorization for transforaminal epidural steroid injection at the right S1 level under fluoroscopy, conscious sedation, and myelography was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at the Right S1 Level under Fluoroscopy, Conscious Sedation and Myelography.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers Compensation ,Online Education Chapter Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), page(s) 46 Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The criteria for the use of epidural injections would include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and injections should be performed under fluoroscopy for guidance. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. According to the documentation provided for review, the EMG and nerve conduction studies were negative and the MRI did not corroborate radiculopathy. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is a lack of documentation related to the injured worker's radiculopathy as corroborated by imaging studies and/or electrodiagnostic testing. Therefore, the request for transforaminal epidural steroid injection at the right S1 level under fluoroscopy, conscious sedation and myelography is not medically necessary.