

Case Number:	CM14-0057241		
Date Assigned:	07/09/2014	Date of Injury:	06/04/2007
Decision Date:	08/25/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 54-year-old female who was injured on 01/14/2008. The mechanism of injury is unknown. Prior treatment history has included TENS, home exercise program, and lumbar epidural steroid injections. Diagnostic studies reviewed include EMG dated 04/23/2013 revealed no evidence of lumbar radiculopathy. Tibial and sural nerves showed limited results. Pain note dated 06/05/2014 states the patient presented with complaints of left low back and leg pain. He reported the medications are helping to decreased the pain and maintain function. On exam, there was tenderness over the paralumbar extensors and over facet joints. Range of motion is limited upper extremities to pain and stiffness. Motor strength is 5/5 bilaterally. Deep tendon reflexes are 1+ bilateral ankle reflexes. Diagnoses are chronic pain syndrome, adjustment disorder with depressed mood; lumbosacral root lesions; lumobsacral spindylolysis without myelopathy; lumbago; left knee and leg sprain/strain. The patient was recommended for an epidural lumbar injection for treatment of the patient's left lumbar radicular pain. He was instructed to continue with TENS unit, home exercise program, and lumbar orthoses. Prior utilization review dated 7/8/2014 states the request for Left L5-S1 Transforaminal epidural steroid injection under fluoroscopic guidance is approved and has been established. It is noted that 2 prior UR non-certified the request because response to prior injection was not documented. During the peer review conversation, [REDACTED] stated that examination found L5 motor weakness consistent with radiculopathy, most recent EMG showed S1 radiculopathy. The patient had lumbar fusion since prior injections, so the response to those injections is no longer clinically relevant. The reviewer, [REDACTED], believed that medical necessity is established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Transforaminal epidural steroid injection under fluoroscopic guidance:

Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS, a nerve block (or epidural steroid injection) is recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). The first criterion for nerve block is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Prior utilization review dated 7/8/2014 documented that during the peer review conversation, [REDACTED] stated that examination found L5 motor weakness consistent with radiculopathy, most recent EMG showed S1 radiculopathy. The patient had lumbar fusion since prior injections, so the response to those injections is no longer clinically relevant. I agree with the reviewer, [REDACTED] in that the medical necessity for Left L5-S1 Transforaminal epidural steroid injection under fluoroscopic guidance is established. Therefore, the request is medically necessary.