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| Case Number: | CM14-0072064 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 02/12/2005 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 05/12/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 Occupational Medicine 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:

This case involves a 55-year-old female who sustained an injury on 02/12/2005. The mechanism of injury is unknown. Prior medication history included Lyrica, Kadian, Norco, and Baclofen. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/04/2014 which demonstrated mild right far lateral L4-L5 disc protrusion mildly narrows the right L4-L5 neural foramen; the L4-L5 and L5-S1 discs are associated with annular fissures; and S2 root sleeve diverticulum measures 1.0 cm x 1.2 cm x 1.7 cm. An EMG/NCS of bilateral lower extremities dated 06/25/2014 revealed no evidence of lumbar radiculopathy, plexopathy, focal peripheral nerve compromise, or large fiber peripheral polyneuropathy. The office note dated 05/12/2014 states the patient presented with right leg pain that is constant and burning. She reported her pain is exacerbated by standing and walking but has improved with Lyrica. On exam, she has an antalgic gait favoring the right leg. She is diagnosed with right lumbar radiculopathy; chronic low back pain and chronic pain syndrome. She was prescribed Norco and Kadian and recommended for TESI with IV conscious sedation for which she is awaiting for authorization. Prior utilization review dated 05/12/2014 states the requests for (R) Transforaminal Epidural Steroid Injections L4-5; and IV Conscious Sedation are not certified as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Transforaminal Epidural Steroid Injections L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections

Decision rationale: According to MTUS guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case a request is made for right L 4-5 transforaminal epidural steroid injections. However, radiculopathy is not clearly present on physical examination. Further, diagnostics do not demonstrate radiculopathy. Bilateral lower extremity EMG/NCS on 6/25/14 was normal. Lumbar MRI on 4/4/14 did not show nerve compromise. Therefore, the request is not medically necessary.

IV Conscious Sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections

Decision rationale: According to MTUS guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case a request is made for right L 4-5 transforaminal epidural steroid injections. However, radiculopathy is not clearly present on physical examination. Further, diagnostics do not demonstrate radiculopathy. Bilateral lower extremity EMG/NCS on 6/25/14 was normal. Lumbar MRI on 4/4/14 did not show nerve compromise. Medical necessity is not established for epidural steroid injection. Therefore, IV conscious sedation for epidural steroid injection is not medically necessary.