

Case Number:	CM14-0075790		
Date Assigned:	07/16/2014	Date of Injury:	04/19/2013
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/23/2014

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, 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 48-year-old female with date of injury of 04/19/2013. The listed diagnoses per [REDACTED] dated 05/08/2014 are: thoracic or lumbosacral neuritis or radiculitis, unspecified, radicular syndrome, sciatica, lumbar disk displacement without myelopathy. According to this report, the patient was recommended an epidural injection. Her primary pathology appears to be on the right side involving the L3-L4 disk. The provider references an MRI scan showing pathology explaining her persistent right leg weakness, right leg numbness, and right leg pain. The provider notes that the patient has "responded wonderfully in the past to epidural steroid injections." The exam shows a positive straight leg raise, right-sided notch tenderness and weakness in hip flexion. She has decreased right patellar reflex. The utilization review denied the request on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 & if needed L5 right L3 & L4 Transforaminal ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46, 47.

Decision rationale: This patient presents with back pain. The provider is requesting a Bilateral S1, if needed L5, right L3, and L4 TESI. The MTUS guidelines pages 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. In addition, no more than 2-nerve levels should be injected using transforaminal blocks. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief for 6 to 8 weeks. The MRI dated 05/06/2014 shows right foraminal far right lateral disk protrusion measuring 2 mm at L3-L4. There is mild bilateral facet arthrosis at L4-L5 and disk desiccation, small circumferential disk bulge most prominent in the left foraminal region, with mild bilateral facet arthrosis at L5-S1. The records show that the patient received an epidural steroid injection in the past; however, details of this ESI were not made available for review. The provider notes that the patient has responded "wonderfully in the past to epidural steroid injections." The provider does not quantify what this "wonderful" means, no functional changes are noted, and no documentation of medication reduction as required by MTUS. Furthermore, the request is for S1 ESI but there are no pathologies at L5-S1 level. The provider would like to do other levels if necessary, but the MRI is already done, examination and the patient's symptoms are all available and the provider should be able to determine the patient's level of radiculopathy if present. MTUS does not allow for more than two level transforaminal injections. Therefore, this request is not medically necessary.