

Case Number:	CM14-0083915		
Date Assigned:	07/21/2014	Date of Injury:	03/03/2011
Decision Date:	10/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 records presented for review indicate that this 67 year-old female was reportedly injured on March 3, 2011. The most recent progress note, dated April 8, 2014, indicates that there were ongoing complaints of low back pain with radiation into both legs, stiffness and weakness. The physical examination is very limited, providing few details, other than that the patients pain appears to be located at the level right above the fusion site, and is causing radiating pain. Diagnostic imaging studies including an MRI of the lumbar spine from January 2014, which showed anterior fusion and posterior decompression of L4-L5 and L5-S1, as well as mild central stenosis at L3-L4 with mild bilateral foraminal stenosis. An EMG study from July 2011 showed mild, chronic, bilateral nerve root impingement at L4, L5, and S1, but no findings for neuropathy. Previous treatment includes multiple medications, chiropractic treatment, physical therapy, water therapy, epidural injections, and lumbar fusion surgery at L4-S1 in October 2011. A request had been made for ESI L3-4 bilateral and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI L3-4 bilateral: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127..

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although an EMG study submitted for review shows abnormalities of L4, L5, and S1 nerve root impingement that is mild and chronic, there are no findings for neuropathy. Furthermore, according to the attached medical record there were no findings of a radiculopathy on physical examination. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.